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WESTERN STYLE AND TRADITIONAL STYLE DOCTORS ON THE WEST BANK: CONTENT OF PRACTICE AND PERCEPTION OF PATIENT

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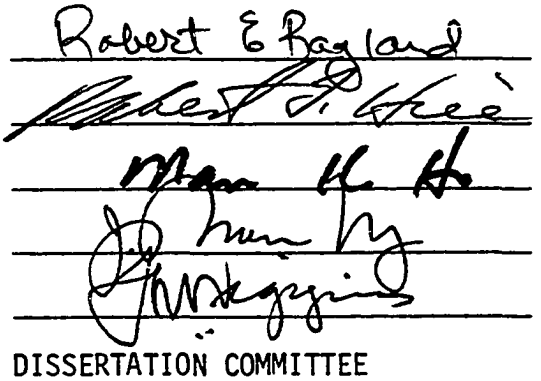
WESTERN STYLE AND TRADITIONAL STYLE

DOCTORS ON THE WEST BANK

CONTENT OF PRACTICE AND

PERCEPTION OF PATIENT

APPROVED BY



DISSERTATION COMMITTEE

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CHAPTER I

INTRODUCTION

The people of the Arab world live in a time of frustration, anxiety, and war. The residents of Jordan's West Bank are part of that world; they cannot be isolated, physically or mentally. To the individual of the West Bank, it has become a way of life to hear, constantly, bad news and rumors of war through the radios, television and newspapers.

The people of the West Bank have survived and experienced four major wars within the past twenty years. They are living under terrific strain from the intolerable pressures of the military occupation. As a result, the people of their society are sick and poisoned by fear, not only for lack of medical care or lack of food, but because they are suffering from foreign occupation and the consequent diminution of human rights.

In the constitution of the World Health Organization the principle is set forth that the health of all peoples is fundamental to the attainment of peace and security, particularly those people suffering from exceptional situations, especially foreign occupation and settler colonialism (WHA, 1978).

The health conditions in the West Bank are poor; people are turning away from scientific treatment, for reasons to be explained in another section, and one important reason is the occupation (WHA, 1978). The officials and the government of Israel are responsible for the damage done to the people, mentally, psychologically, socially and physically, according to the WHA report just cited. The report goes on to say: "We are convinced that the occupation of territories by force gravely affects the health, social, psychological, mental and physical conditions of the population under occupation" (WHA, 1978).

In addition to the occupation, other factors in the society of the West Bank make health care and human services unavailable to those who need them. These factors include the overall technology and its rate of development, the complexity and size of the institutions and communities with a resulting alienation of people from them and from one another, and the professionalization of many health and human

services which used to be provided by individuals for themselves, by one neighbor for another, or by traditional healers.

Background of the Study

A. Differences of style. The West Bank has been under Israel military occupation for the past eleven years. It was not included in the Israeli Medical Care System; and before the 1967 War (from 1947) was under the Jordanian Government. During that twenty years, the Jordanians concentrated resources on the development of the East Side of the Jordan River which was populated by Bedouins who lived in the desert. With regard to medical care, education of the public, and health care delivery systems, the West Bank has been neglected since 1947. The people still seek local healers for some health problems and Western Style doctors for others, because of personal experience, ease of communication, ease of access, cost differentials, social distance, or personal knowledge about health.

B. Setting of West Bank. The West Bank area is approximately the same size as the state of New Jersey, with a 1977 population of 0.7 million people. Its economy depends mainly on agriculture and trade, and the climate is like that of California. According to its Ministry of Health, the number of western doctors is approximately 400. They are mainly General Practitioners, Pediatricians, Internists, and Surgeons

trained in Great Britain, and are located in the major cities where some 15 small hospitals, averaging 60 beds each, are also located. None practice in rural areas where more than 50 percent of the population reside (Ministry of Health, West Bank, 1977).

Local healers are knowledgeable by experience or apprenticeship with other local healers. Their numbers cannot be precisely determined, but there are approximately 600, of whom 90 percent practice in rural areas. They treat patients and prescribe some local herbs and other remedies that Western Style doctors never use. The villagers depend primarily on these healers, and they are also utilized to a substantial degree by people living in the cities. Some local healers receive basic scientific (western) training at urban hospitals. They often treat patients through home visits.

The factors affecting health services in the West Bank are manifold. Some of the more specific factors are:

1. Political. Israeli military authorities have, on more than one occasion, declared that, in accordance with the rules and regulations of occupation, it is incumbent on the occupying authority to maintain a pre-occupation status quo (Almujahid, August 1977). Therefore, nothing will be done except to maintain all services at a pre-occupation level. Under these rules and regulations,

health services, though totally of humanitarian nature, are no exception. Hence, the application of this dictum has drastically affected these services. Natural growth such as construction of new hospitals, completion of pre-occupation projects already started, the establishment of new divisions of medical services increase in man power, increase in facilities or equipment are all tied to a health service budget of a restrictive nature.

2. Freedom of movement. Before the occupation, West Bank residents had full freedom of movement throughout the countryside both inside and outside Jordan. They were free to choose for their health needs any physician they wished, locally, within the Arab world, or the West. Now the situation is changed. Barriers and frontiers have restricted freedom of movement, rendering it at times highly difficult. Crossing the bridge to other areas may bring about a loss of identification cards and consequently a ban against returning.

Before the occupation, physicians were free to practice in and outside of the West Bank. Thus, it would normally be expected that the number of physicians in the West Bank would continue to grow considering the fact that Palestinian physicians constitute a high percentage of the total number of physicians within the whole Arab world.

Contrary to this logical expectation, however, physicians do not presently have any preferential return of reunion privilege. The complicated process of departure and re-entry (which I have experienced several times) with its lengthy, time-consuming, and often fruitless procedures, together with the arbitrary banishment of physicians, has curtailed the return of many Palestinian specialists and physicians to their homeland. An additional factor was the arbitrary annexation of Arab Jerusalem in 1947 that resulted in banning employment or practice of a Jerusalemite Arab physician in the occupied territory of West Bank (Almujahid, September, 1977).

3. Cost. Prior to 1947, Government Health Services were delivered to citizens either free or at a nominal charge, the bulk of the cost being shouldered by the Service. Today, patients using this service are required to contribute a relatively higher percentage of the cost. This compels such patients to curtail their demands and restrict treatment to the low level of absolute need, as evidenced by the drop in hospital admissions in most of the Government hospitals, especially after the last increase in hospitalization fees (see Appendix D).
4. Technical and scientific factors. Services in medical fields such as pediatrics, pathology, laboratory

techniques and radiology are either woefully short or non-existent. Additionally, opportunities for West Bank physicians to acquire scholarships in any of the much needed specialties is virtually nil. Nursing and para-medical services whether at the quantity or quality level are no better off. The same is true for laboratory and x-ray technicians, physio-therapists, blood bank technicians, and pharmacists, who provide services that are essential for any health service to be effective.

5. Economic aspects. According to some of the physicians interviewed in this study, remuneration of the specialist, the resident, or the trainee is not commensurate with escalating prices and an appropriate standard of living for a physician, especially if compared with those of the Arab world or Western world. This situation adds to the many other factors enhancing the constant "brain drain" from this area.

It is also important to mention the working circumstances to which the West Bank physicians are exposed. The scarcity of medical helpers and the non-existence of relief staff burdens many physicians with the hectic responsibility of working single-handed and for long stretches of time, adding to an already difficult situation.

Need for the Study

The West Bank of Jordan has been for the past eleven years under military occupation by Israel. As a result, all public services, including health services, have been adversely affected. In my summer visits to my home town of Jerusalem prior to 1978, I observed the changing conditions, and wondered how people were coping with the effects of these changes. I observed various problems of the West Bank which had intensified during the occupation. It seemed to me that one of the most vital problems concerned the health services delivered to the population under occupation. I was particularly interested in the quality and quantity of the services, the extent of their development commensurate with real needs and demands, and the degree to which the right of the people to receive the type of health services they needed and desired was being honored.

As a result of these informal observations, I found a need to study in depth how the people solve their health problems with little or no cooperation and consideration from the authorities who govern them. My primary interests were in their beliefs about health care, and the method and style of those to whom they turn to when ill.

As I was born and raised in Jerusalem, I am knowledgable of the culture and the people's way of life there.

Thus, there was a good opportunity for me to study the situation more closely, and attempt to understand the reasons why the people of the West Bank do not receive adequate health services, if that is indeed the case.

All of the above observations and experiences led me to conclude that this formal study was necessary. The goals of the study are; (1) To reach a better understanding of the traditional healers and the Western Style physicians in the West Bank, by means of a comparison of their treatment, style, and method. (2) To study the health delivery system of the West Bank, particularly how the Israeli occupation has affected the improvement of the health services by comparing the health services status before the occupation in 1967 and ten years later, and (3) in connection with the above, to present data and statistics on the population, hospitals, clinics, and the incidence of diseases on the West Bank.

Statement of the Problem

The central problem of this study concerns the health care delivery system on the West Bank. The purpose of the study is to compare the approach to treatment of Western style physicians and Traditional style healer's with respect to: (1) basic differences, (2) the treatment setting, (3) the doctor-patient relationship, (4) methods of treatment, and (5) drugs prescribed. The study will examine the prediction

that various differences between the two styles of treatment play a crucial role in the health situation on the West Bank. Answers to the problem will be sought by (1) identifying the major problems of the Western style physicians and the Traditional style healers, (2) determining the Western physicians' identifications with the Traditional healers included in the study, (3) assessing the relative importance of the problems reported to selected samples of Western physicians and Traditional healers, and (4) analyzing subject responses in relation to the prediction.

Limitations of the Study

Any research is limited by the particular sample of groups studied, their location, and the methods used to elicit responses from them. Strictly speaking, the finding in this research applies to nonrandom samples of fifty Western style doctors and fifty Traditional style healers, focusing on the content of practice, perception of patients, classification, and field of study on the West Bank during the summer of 1978. Nonrandom but unsystematic sampling is a limitation shared by other investigators in this field (e.g., Ahern, cited in Brockington, 1976) at the present state of research sophistication. Generalization of findings of this study to doctors in other countries in other medical settings would require replications and modifications of the

procedures used here. It is hoped that this study will encourage such replications. That patients themselves were not interviewed constitutes a limitation of the study. The Israeli military government refused my request to interview them.

This research was carried out to characterize the effectiveness of local healers and Western style physicians in meeting the needs of their patients, and the determination with which West Bank residents seek medical care, particularly as these two factors relate to a preference for the practice style of western doctors or local healers. Nevertheless, substantive conclusions are necessarily limited to the particular research and setting of the present study.

Definition of Terms

Western Style Doctors. These are persons who graduated from an accredited university with Medical Doctor degree or equivalent, and who are certified and licensed by the state in which they practice.

Traditional Style Doctors. These are persons who, though professional, have little or no scientific background, who practice healing by traditional ways and are not certified or licensed by the state where they practice.

The West Bank. The area which is between east of Jordan River and the west of Israel, which was occupied by

Israel in 1967, with a population of 1.5 million people and an area the size of New Jersey.

The Occupation. The present Israeli military occupation of the area since the 1967 War between Israel and the neighboring Arab countries.

Government. The Israeli military government and administration; there is no resident governing body.

Refugees. The people who were driven away from their homes in Palestine, now called Israel, by force of the Israeli military in 1947.

Palestinians. The people who are the inhabitants of the West Bank.

UNRWA. The United Nations Resolution of the World Assembly.

WHA. The World Health Assembly.

Review of the Literature

The study itself will appear in proper perspective after reviewing the literature in the field of health care, folk medicine and modern medicine, and traditional healers. The approach will be to review the previous studies in the area of comparison of local style healers and western style physicians and doctor-patient relationship. A general picture of research findings related to medical systems in societies, will thus be obtained.

Some of the studies which follow are anthropological. The present study is educational-anthropological.

A study similar to the present one was conducted on Chinese-style and Western-style doctors in Northern Taiwan which indicated, "That both kinds of doctors are Taiwanese who have been educated in Taiwan or Japan and their methods of diagnosis and treatment are very different" (Ahern, cited in Brockington, 1975). The study covered the area of basic differences, such as "Chinese-style doctors practice in small shops that open directly on the street, and Western-style doctors practice in offices or hospitals with examining rooms." As to drugs prescribed: "The two styles of medicine are not absolute as both Western medicine and Chinese medicine are often sold over the same counter in drug stores staffed by men or women knowledgeable about the use of drugs." Concerning the doctor-patient relationship, Ahern remarked, "Neither Chinese-style nor Western-style doctors make much effort to provide patients with explanations of the cause of their illnesses."

One conclusion from Ahern's study was that the Chinese-style doctors use the same vocabulary as their patients, while the Western-style doctors do not.

Another conclusion of the study indicates that there are two possible directions for future development. Chinese-style medicine can be kept as a less prestigious partner to

Western-style medicine, in which case educated youth may be attracted to Western-style medicine. If the villagers are right, one consequence may be that Chinese-style medicine will either "die" or its development will be far inferior to that Western-style medicine. An alternate direction, which Ahern recommended, would be to increase the number of Chinese-style doctors by training them systematically, thus guaranteeing the preservation of medical experts who speak the same language as their patients.

Kleinman (1975) carried out a study of social, cultural and historical themes in the Chinese societies. The purpose of the study was (1) to understand better traditional and modern medicine (and their interactions) in Chinese societies, and (2) to explore further comparative cross-cultural approaches to medicine. Kleinman remarks that in "traditional" cultures it is not always possible to separate medicine from the religious system. He pointed out that his research interests center on some of the most basic "external" (socio-cultural context) and "internal" (medical system and clinical tasks) issues in health care that have been ignored or considered superficial.

Kleinman concluded that the discussion of a new conceptual model for comparative cross-cultural studies of medicine and psychiatry, was considered primarily with regard to medicine in Chinese societies. Various aspects of medicine

in Chinese societies were discussed to show the usefulness of this framework and to come to a better understanding and appreciation of Chinese medical systems.

A study of the interaction of traditional and western medical practices in Guatemala by Kochar and Cosminsky (cited in Grollig and Haley, 1976) noted that: "When various traditional and western healers are available, there tends to be use of the western healers for acute diseases and the native healer for more chronic diseases." The Indians in Guatemala believe that all diseases are supernatural in origin, even though they may make use of western medicine. Quintanilla (in Grollig and Haley, 1976) reported that in Peru the Indians recognize "well-defined, intracultural diseases for which we do not have a western counterpart." In another study, Urdaneta pointed out that in Austin, Texas, among the 18 percent of the people who are Mexican, the higher the educational and socioeconomic level, the more use of western healing; the lower the level, the more the use of local healers (Grollig and Haley, 1976).

Speaking of mental illness and how the traditional treatment differs from western-scientific treatment, Foster and Anderson (1978) expressed the view that spiritual healing may be based on quite ill-founded theories of the causation of disease, but it has two advantages over the scientific physical treatments: first, the patient is not

exposed to the undesirable effects of the newest psychotropic drugs; and second, spiritual healing requires the participation of other persons in addition to the patient and thus helps to reintegrate the mentally ill patient with the community from which he has become estranged.

Foster and Anderson (1978) concluded that non-western medicine fulfills a vital role in the societies of which it is a part, and seen as an adaptive device has been successful. Traditional medical systems have existed for thousands of years, have brought hope and relief to the ill, dealt with social ills as well as physical, and have contributed to a slow increase in the world population. They added: "We believe in contrast to scientific medicine in both its preventive and clinical aspects and for all its health care delivery defects, non-western medicine is a less satisfactory way of meeting the health needs of contemporary people."

After long and careful search in reviewing the literature, the writer found other researches which were similar but not directly related to this study. The Traditional healer and healing treatment were mentioned in the literature and selected topics were included in this study (see also Chapter IV).

The summary of the findings of the research are as follows:

1. (a) The people need both western style and local style treatment; they use different style doctors for different diseases.

   (b) As stated in the Ahern article, neither Western doctors nor local healers make an effort to explain to the patient the cause of his illness.

2. As indicated by Kleinman, it is difficult to separate religion from medicine, as it is a sociocultural phenomena.

3. As Quintanilla indicates, in Peruvian society local healers are the only people who treat the supernatural disease, defined as intracultural disease. Such treatment and disease is foreign to Western style doctors.

4. The higher educational and socio-economic level, the greater the tendency to use Western style doctors, the lower the socio-economic level the more use there is of local style healers, as in the Mexican society discussed by Urdaneta.

5. As Foster and Anderson pointed out, treatment by local style healers gives the patient freedom from dependency on drugs, and acceptance within his community, particularly for mental patients.

CHAPTER II

PROCEDURE

There were five objectives to be achieved by the data gathering procedure: (1) To determine from the Western physicians and the Traditional healers the style of their treatments and specific problems which affect their practices; (2) To identify the major world-view of each group; (3) To obtain an understanding of the relative importance of the problems identified as primary to health care on the West Bank; (4) To determine the major differences and similarities of both groups; and (5) To obtain an indication as to the effect of their treatment of the inhabitants of the West Bank.

Subject Selection

The criteria to be met in selecting the study group of subjects were: (1) Two markedly different styles of treatment groups must be selected, as determined by their education and training, (2) The groups selected must share cultural characteristics which differ from those of other cultures, (3) Each selected group must have an "N" of at least fifty subjects, and (4) Subjects must voluntarily agree

to assist with the study.

Two groups of doctors practicing on the West Bank that most nearly fit these criteria were the Western-style physicians and the Traditional-style healers. One additional factor in the selection of these two groups was that I am personally acquainted with the style of treatment of each group and familiar with their social patterns, culture, and history, having lived there for twenty-five years and received treatment from individuals of both groups. Thus, my personal experience will augment the more scientific investigation of the subjects.

Means of Determining the Problems

It was decided that the study would originate at the most fundamental level of the doctors' daily practice. Rather than attempt to list the problems based on the experience of the writer and others, the problems were identified by the following four means: (1) Personal interviews - the writer interviewed unsystematically selected Western-style physicians (N = 50) and Traditional-style healers (N = 50) informally. Some of the "interviews" were over coffee, others at the doctors' offices, hospitals, or homes. Notes were taken in the presence of the doctors. An effort was made to fit the questions into the regular discussion that was taking place. (2) Doctors were asked to complete interview forms (see

Appendix A) which sought their ideas on practice, treatment, and their background. The doctor's interview form was given in the summer of 1978, while the study was conducted. (3) Observation during the treatment of patients: Doctors were asked if the writer could be allowed to observe the actual treatment, permission was given and notes taken, pictures and recording of statements were not permitted, by the Israeli authorities. (4) Records of doctors and hospitals were examined, notes and selected copies related to the study were sought (see Appendix B). After a long waiting period of seeking permission from the military headquarters to conduct the study, permission was granted (see Appendix C). By this technique the main objectives and data gathering were obtained.

The first of the major problems pertaining to health services which was identified by the doctors was related to the conditions of the health staff, such as the shortage of health officers, salary scales which discouraged them from devoting all their time to public health services. The second was the inadequate social relationship between the government, the health professions, and the people, the inappropriate type of health care for both urban and rural areas, and the shortage of medical equipment and drugs in clinics and hospitals in the area.

Formal Method Selected

The steps originally intended to be followed in gathering data, research, conducting questionnaire and observations were as follows:

Approximately fifty Western-style physicians and the same number of local healers were to be the subject of this study. They were to be selected unsystematically from the West Bank area.

They were to be interviewed personally. A visit with each one at his or her clinic, hospital or place of medical practice would be made. Observation of the actual treatment of at least two patients, the clinic, the personnel, the setup, the equipment and the process of treatment would also be made. Equipment would include cameras and tape recorder, if permission could be gained from the Israeli military government. Also, interviews would be made with each doctor (using the interview form) for approximately one hour. Then after the observation, another interview of half an hour would be held mainly to answer questions which came up during the observation of the treatment of the patients.

Another visit, to the same doctor, was to be made by arrangement in order to have access to the medical records, such as number of patients for the month of May 1978; the type of diseases classified according to International Classification of Diseases; amount of money made for that

month and religion, age, sex and prior visit of patients.

Other characteristics of patients such as family income, usual activity status, and place of residence, if it was not available in the doctors' records, would be obtained from an interview of the physicians. Questions were to be asked of patients selected at random, such as why they chose a Western-style physician rather than the local healers or vice versa; what the patient did before deciding to visit the doctor; what is his or her general opinion about the treatment, the cost, the doctor, etc.

Similar steps were to be followed with the fifty local healers selected at random from various towns. Selected pictures were to be taken to show the place of treatment and the dress of the local healers and the patients. Cassette tapes were to be used to record random statements by English speaking doctors, local healers, patients, hospital personnel and others who have an opinion of the medical practice in the area.

During the visit of the Ministry of Health in each county on the West Bank, data would be gathered on the doctors, patients and type of diseases. Statistics would include number and location of physicians in the area, number of hospitals and their locations and all information considered relative in the comparison between Western or Traditional style doctors.

Also, selected hospitals would be visited and pictures taken at some sites and rooms. Settings, equipment, and the operation process of medical treatment would be observed.

The length of time involved was to be approximately two months depending on the progress made. Also, a days schedule would include interviews with two to three doctors for a two hour period each. Between interviews, visits to hospitals would be made, patients interviewed, data from the records and Ministry of Health would be gathered and appointments made.

During past visits, there have been opportunities to become acquainted with a number of the doctors and hospitals, therefore, it was the writer's opinion that full cooperation would be given to successfully complete this research. As it turned out, permission to use cameras and tape recorders, and to interview patients, was not granted, so the steps were omitted from this study.

Specific Data Gathering Procedures

A list of doctors practicing on the West Bank was obtained from the health ministry by the writer. It included the doctor's name, address, telephone number and specialty of practice. Also the Ministry of Health granted a permit to conduct the study, and send a copy of the permit to each and all hospitals in the area.

Western-style doctors were selected from the list non-systematically. Doctors were grouped according to their specialty and the district within which they worked. The name of a doctor was chosen from each group and each district, if response was positive, an appointment was confirmed. If response was negative, the next name was chosen.

The writer did cover all the districts and interviewed at least one of each group, to acquire an actual clear picture of the opinion of health care on the West Bank from various different doctors.

Appointments were made by telephone one day prior to the visit. The doctor was informed briefly of the study; a visit was made to each subject, where informal interviews took place; observation and interview forms were completed as mentioned previously. The time of each visit varied depending upon the subject's schedule between one hour to two hours. Some subjects' visits were made twice, to complete the interview. The subject was thanked by the writer for his cooperation and interest in the study at the end of the visit.

The same interviewing procedure was followed for the interview of fifty Traditional healers. The average of two to three doctors were interviewed daily.

The Traditional-style healers were not registered and no records kept on them. To locate these healers a procedure

was followed by asking the mayor of each town or the healers whom I had interviewed previously. The subject was asked the same questions that were asked of the Western-style doctors except for questions which did not apply, such as their graduate and post-graduate training. Otherwise, the same procedure was followed. Upon completion of the interview, the subject was thanked and no payment was made for the time consumed and inconvenience, as the writer who is familiar with the customs and culture, knew such payment or offer customarily would be considered an insult for either Western-style or Traditional-style doctors.

Summary

The writer fully recognizes that, for a number of reasons, the study which follows does not give a complete picture of the health conditions in the occupied West Bank. The writer was denied by the Israeli authorities free interviews of the health staff as he wished. Camera and tape recorder were not permitted to be used and doctors were careful in revealing information that could place them in jeopardy and in conflict with the authorities.

The total time involved in this study of eighty-five days was sufficient for the writer to make a comprehensive survey of the health situation and to formulate final general conclusions. The writer also received full cooperation from the doctors and health workers.

The present study contains four main chapters, based primarily on the information collected in the occupied West Bank. These chapters, which focus in turn on the Western-style physicians, Traditional-style healers, differences and similarities of Western-style physicians and Traditional-style healers and summary, conclusion and recommendations, are derived from: (1) observation made on the spot by the writer, (2) the examination of documents and records made available to the writer by the Israeli and the Arab authorities during the visit, and (3) many oral and written interviews with doctors (Western-style and Traditional-style) and members of the Arab population.

CHAPTER III

WESTERN STYLE PHYSICIANS

Introduction

This chapter will describe the conditions under which Western-style physicians practice. The following chapter will do the same for Traditional healers.

The West Bank is experiencing more health care crises at the present time than ever before. Among these are the increase of infant mortality, death from various diseases, maladies associated with old age, and the sharp increase of the cost of health care. More specific information on the current status of health care, and on changes in that status over the past ten years, are provided in Appendix D. It will be clear to the reader from the data in these appendices, that the people of the West Bank still suffer from infectious diseases. One physician told me after I questioned him about the prevalence of infectious diseases, "The Israelis would like to see the people suffer and leave the area, so they could build more settlements and replace the Palestinian by immigrant Jews." The West Bank physicians

have concentrated all their practice in urban areas, which has left rural areas (about fifty percent of the population) with inadequate medical care (Table 8, Appendix D). Additional problems arise from difficulties in transportation and communication, from the general shortage of physicians in the country, and from differential availability and accessibility to health service. The average number of general beds per 1,000 population is 1.39 (Table 4, Appendix D), compared to the average standard of 21.00 in the U.S. (Jonas, 1977); the average occupancy rate in the U.S. is 85% compared to an occupancy rate in the West Bank of all hospitals of 94%. The percentage of hospital deliveries is 30% in the West Bank compared with the U.S. percentage of hospital deliveries of 96% in 1977 (Jonas, 1977). The number of deaths among West Bank infants, in addition to the infants' deaths before one month and the infants' deaths from one month to one year constitute the highest percentage of deaths in the world (Table 5, Appendix D; Jonas, 1977).

The health care crisis in the West Bank is unique. One physician indicated to the writer during the summer of 1978, if there is any one group or government to blame and hold responsible, it is Israel, and its unhumane military occupation to the area. The World Health Assembly (WHA, 1978) concluded in its report, "The committee expresses their deep concern at the poor health and psychological conditions

suffered by the inhabitants of the occupied Arab territories."

In order to assess the medical care situation on the West Bank, further study of conditions there, and comparison with conditions other countries need to be conducted. The WHA (1978) indicated that, "The Special Committee of Experts was unable to fully determine the health conditions of the inhabitants of those territories due to the lack of statistics and data on the services available there."

Another factor affecting the health care delivery system is the need for information about the patient's educational level and socio-economic status, his beliefs and attitudes toward health, the environment, the neighborhood, communication and transportation. Information is needed about the society, which defines and states that the patient is sick and needs treatment, and specifies what type of treatment will be accessible for a certain illness.

Other facts needed to understand the health care situation on the West Bank include the number of health officers, not only physicians, but also nurses, administrators and others, as well as health institutions such as hospitals, clinics, and doctors' offices.

It is important when dealing with health care to take account of the condition of the society, the social structure, religion, the political situation, the air, the water, the weather, the foodstuffs used by the natives, the modes of life,

and the customs and habits of the people, all of which have considerable bearing on the nature and incidence of disease.

Physicians

The physician in the West Bank constitutes the first, formal link between the community and health services. He assumes responsibility for the supervision and the effort of all workers in the medical field. In every country of the world, there is indication of a shortage of physicians and the West Bank is no exception. The question is how many physicians are necessary for good quality medical care. A study suggests approximately 133 physicians are necessary per 100,000 persons to maintain good quality, primary medical care (Dever, 1974).

The West Bank with an approximate population of 700,000 persons in 1978 has 415 estimated physicians (Table 1). That leaves about one physician per 2,000 persons. Not all of the above physicians are working directly in the medical treatment of patients. Others perform responsibilities such as directors of hospitals, medical professors, supervisors, and administrators. With the situation that exists now, there are 53 practicing physicians for 100,000 persons, compared to 133 physicians necessary for good medical care. This is 40% of the number of physicians suggested as a standard for 100,000 persons. The physicians on the West Bank are all

TABLE 1

POPULATION, BY AGE GROUPS AND SEX, 1977 (ESTIMATE)

Total	Females	Males	Age
326,446	153,819	172,627	0-14
162,551	81,117	81,434	15-29
83,291	48,363	34,928	30-44
66,498	35,600	30,898	45-64
32,914	16,121	16,793	65+
671,700	335,020	336,680	Total

Ministry of Health, West Bank, 1977.

located in the cities and urban areas and none are in the villages and rural areas.

Physicians in the West Bank, both private practitioners and government employees, are aware that in the oil producing and Israeli countires, physicians are paid approximately $1,250 a month. They may not work for Israeli hospitals or practice in Israel. Even so, they believe that it is against their ethics because they are needed to serve the West Bankers who need them most. They can leave to practice in the neighboring countries, but they cannot come back. That is the occupation rule. They will lose their homes. They reside there hoping and waiting patiently for a settlement.

In my study and research on the West Bank, I have had an opportunity to visit, observe and interview fifty Western-style physicians selected at random from hospitals, clinics and doctors' offices according to their specialty and the following data was obtained from a doctors' interview form.

I interviewed fifty physicians; they are classified in Table 2 as to type of practice and in Table 3 as to age and sex. There are 15 physicians working for the government in the hospitals and they draw salaries depending on their experience and specialty, but the starting salary for a physician per month is 5,000 Israeli lira (I.L.), equivalent to $250. The doctors who work for the government are restricted from private practice. Every doctor I interviewed

TABLE 2

DISTRIBUTION OF PHYSICIANS, SPECIALTY, UNIVERSITY

THEY GRADUATED FROM AND YEAR GRADUATED. N= 50

Specialty	University	Year	No. of Doctors	Type of Practice Private	Govt.	Total
General Practice	Cairo	1973	3	2	1	
	Istanbuol	1966	2	1	1	
	Beirut	1951	4	3	1	
	Baghdad	1956	1	1	0	
	Damascus	1963	2	1	1	12
Internal Medicine	U.S.A.	1956	1	1	0	
	U.S.S.R.	1967	2	2	0	
	Cairo	1970	2	1	1	
	Beirut	1974	2	1	1	
	Yugoslavia	1965	1	1	0	
	Germany	1971	1	1	0	
	London	1975	2	1	1	11
Surgery	U.S.A.	1969	3	2	1	
	London	1974	1	1	0	
	Cairo	1965	2	1	1	
	Beirut	1967	1	0	1	7
Pediatric	Germany	1958	2	1	1	
	London	1966	2	2	0	
	Cairo	1972	1	1	0	
	Beirut	1973	1	1	0	6
Gynecology	Cairo	1958	2	1	1	
	Beirut	1960	2	2	0	
	U.S.S.R.	1965	1	1	0	5
Dermatology	Cairo	1970	2	1	1	
	Bulgaria	1952	1	1	0	
	Beirut	1965	2	1	1	5
Psychiatry	Germany	1957	1	1	0	1
Orthopedics	Beirut	1960	2	1	1	
	London	1940	1	1	0	3
	N = 50		50	35	15	50

TABLE 3

DISTRIBUTION OF WESTERN-STYLE PHYSICIANS, AGE GROUP AND SEX

Age	Male	Female	Total
27-35	5	2	7
36-45	11	1	12
46-55	14	2	16
56-65	7	1	8
65+	6	1	7
	43	7	50

complained of insufficient pay.

Cost per Visit

There are 35 private practitioners that I interviewed and their situations were not much better than the government doctors. They charge from 50 (I.L.), $2.50, and up, per patient visit. However, so many patients cannot pay and it is the custom that return visits for the patient are "no charge" if the visit is for the same illness.

Mode of Dress

Western-style physicians dressed much like the American physician, with a long white overcoat, the style of dress they adopted from the universities from which they graduated. In my study of 50 doctors, there were 19 of them who graduated from foreign universities primarily England, Germany and the U.S.A. They are not greatly different from the times in form of treatment and prescription of drugs. The language used is mostly foreign to the patient, the methods, the setting and the style are similar to U.S. physicians (similarities and differences between Western-style physicians and local healers in details will be in the last chapter).

Licenses

All Western-style physicians in the West Bank are licensed, recognized and permitted to practice there. The

health ministry honors their degree from any credited university and from any country, without examination.

Religion of the Physicians

The ratio of Christians to Moslems in the West Bank is approximately 7 to 9 and it is not surprising to find the same percentage applies to Western-style physicians, i.e. 5 physicians out of the 50 physicians interviewed in the study. There are no physicians of Jewish or other faiths except Moslems and Christians on the West Bank.

Hospitals

The West Bank's specialty and mental hospitals are overcrowded, which leaves the residents with no choice but to seek approval to be admitted to some Israeli hospital (Tables 7 and 8, Appendix D). One physician indicated to me that many patients leave for Jordan and other neighboring countries for hospitalization rather than requesting approval to be admitted to Israeli hospitals. Thus, many patients seek medicine from other countries, but the Israeli on the border prohibit importing any sort of medicine, except what is distributed and sold by the Israeli government (Table 9, Appendix D).

It is important to note the procedure of referral of patients from the West Bank to Israeli hospitals just a few

miles across the border. Patients must obtain approval of the military headquarters and military governor. That procedure may take a few days to a week, with disregard to emergency cases. Some patients have died before receiving the necessary approval (Tables 10 and 11, Appendix D).

The Israeli hospitals are fully equipped with modern and sophisticated medical equipment, x-ray machines and the availability of specialized medical doctors (such as heart surgeons, kidney transplants, etc.).

Summary and Philosophy of Medical Practice

Medicine on the West Bank falls into two categories, that for the rich and that for the poor. Medicine for poor people is free under the health insurance program. Because laboratory tests are rarely ordered, this type of treatment inadequately serves the needs of the poor. The second type of treatment is for patients who pay for it. Services for this category are adequate, and the physicians who perform medical treatment and surgery are trained in the U.S. and Europe. Housecalls are common in this second category. Hospitalization is limited to the most severely ill because of the high cost and limited number of hospital beds available.

Lawsuits for malpractice are very rare on the West Bank, because the patients are not educated and not informed

about the possibility of filing suit. One doctor said that in his opinion the more the patient knows about medical practice, the less confidence he or she has in the physician.

Ideally, the health care system exists to care for all patients, and the primary goal is to provide quality patient care, i.e., to protect, watch over, take charge of, and meet the needs of the patient, including psychological and socio-cultural as well as physiological factors. A doctor's failure to provide effective treatment to meet these basic needs can retard the patient's progress and recovery, regardless of the type of illness.

The doctors whom I recall from thirty years ago were "scientific" in their fashion; they seemed to know more by taking a pulse, listening to the heart, etc., than the modern physicians know from putting a catheter into a heart. They used the stethoscope and the thermometer to identify them as doctors. Maybe one out of ten, as one old doctor who is retired told me, could pick up the sound of pneumonia or rheumatic fever, but patients were impressed and believed in the doctor and his instruments, even though he never let the patient see the reading of the mercury or know his or her blood pressure or even the diagnosis.

The patient still trusts the doctor today, and puts his life into the hands of his physician, but the physician's

interest seems to be sharing the wealth and getting the biggest piece of the pie. It is not surprising that most people on the West Bank still believe in the local healing treatment. I am reminded of an incident which happened at a dinner party I attended to celebrate the graduation of a bone specialist, during my study in the summer of 1978, in a little town called Burka. The young graduate's father fell and broke his leg and the first words he shouted were "get me a bonesetter."

The patient has the need to be informed of what is going to take place and needs to have confidence that the doctor who treats him or her knows the society, culture, and special requirements of that patient. The physicians on the West Bank are far less skilled, in my opinion, than local healers in reaching the patient at the level they should in order to communicate with and work with her or him to prevent illness.

If anything needs changing on the West Bank, besides economical and social changes, it is the delivery of health care services. Physicians whom I visited suggested that care for the rural communities and for the poor are the greatest needs. Changes in health care delivery must be designed to provide general direction and guidelines for the whole area, but be revised and adapted to meet local requirements.

The goal to be achieved is a measurable improvement in

health services as rapidly as possible. Those services must meet the patient's need for freedom from pain and discomfort and must accommodate his needs for autonomy, security, dignity, privacy, challenge and health education. They also must be simple, flexible, dependable and have little cost.

CHAPTER IV

TRADITIONAL STYLE HEALERS

Introduction

According to Islamic myth, God created the plants on this earth before any human or animal life. With the advent of man and animals came diseases which attacked them. Plants were found to be the source of healing, for without them there could be no life. The myth continues that God gave the beasts a way to find plants which cure them of disease, and left man to search and study to find the cure for his own diseases. Thus do Traditional healers, and most of the people on the West Bank, view the relationship between disease and nature.

Traditional Healers

For nearly twenty years, I lived on the West Bank, and for nearly three months in the summer of 1978 I had the privilege of observing and working with various traditional healers in the area. Naturally, their techniques, methods, style, background, and ability may vary, some being more effective than others. I questioned many of the patients

and noted their responses and observed the methods of the healers. In my youth, I had experience with the local healers in Jerusalem, and in the years since I have learned more about medicine men, holy men, bone setters, faith healers, psychic surgeons, magicians from Egypt and the Middle East, and many quiet, dedicated people in private homes, temples and mosques who are reported to have brought new life to suffering, dispirited, and sick people. All of these experiences raised questions in my mind which required a more formal approach to the study of Traditional healers.

Throughout the history of mankind, men have utilized some form of medical treatment. Our forefathers based their medical theories on magic and claimed that disease could be transferred by a witch doctor from a sick person to another object. Another theory of ancient medicine was the belief that external characteristics of certain plants, herbs or flowers, would relieve pain and cure sick patients (Rewaha 1974, p. 25).

Ancient treatment was also done by magician priests, or by witch doctors, who believed that they had communication with "Healing Gods". The ancient Egyptians worshipped a Greco-Egyptian God who healed with the technique of dreams and visions. The Greeks displayed the image of Aesculapius, son of Apollo, as a way of focusing the patient's thoughts to avoid or cure illness (Alghazali 1951, pp. 58-59). In the

medicine of the ancient Egyptians, priests had a knowledge of anatomy and an understanding of the pulse and lungs.

The healer in Ghana (which is a Moslem country) occupied the position of priest and witch doctor. He used holy oil to rub on the patient's skin. He sang hymns to satisfy the patient. Then, theoretically, the disease devil was rubbed away, and the patient was healed, both physically and spiritually (Alghazali 1951, pp. 62-63).

Religion is a positive creed in the Arab world. The healer makes a sign of the crescent or the cross on the patient's forehead, mutters and prays, with the hope that the patient will be cured.

Persians believed in "soul healing", which involves sounds of music. Music of the lute was supposed to have an influence upon the mind. Music was used for treatment of a psychological disorder as referred to in the Biblical story of King Saul (Almonder 1976, p. 138).

Perfumes were used as part in a healing of the earliest times, incenses, aromatics, were used in the patient's room. Rue was used for protection from the plague (Almonder 1976, p. 65).

Throughout the ages, physicians of the ancient world believed supernatural forces were the cause of disease. Even Hippocrates, who developed the foundation of the science of medicine, acknowledged healing as a mystical art. Science

and mysticism were not completely separated. His oath contains references to the supernatural: "I swear by Apollo, the physician, by Aesculapius, by Hygeia and Panacea, and to all the Gods, and to the best of my power, I will observe this oath and obligation" (Alghazali 1951, p. 32).

In the Middle East, the most important source of healing power was holy water. It was stored in wells. People believed it was a water blessed by the spirit of God. People bathed in the blessed water hoping for a cure and restoration of the health of the body and mind.

The Roman Empire physicians knew of medicine and prescribed to patients. Egyptians used a drug known as Dubious brought from Chaldea.

In Jerusalem, Christian fathers, in ancient Christian times, used remedies provided by nature and believed them to be the gift of God (Alghazali 1951, pp. 79-81).

Precious stones and metal played an important role in early history of ancient Egypt. Egypt has been the source of precious stones tradition as well as in India, where precious stones were recommended as cure for every imaginable kind of disease (Almonder 1976, p. 72).

In eighteenth-century England, there was a famous bonesetter called Epsom, a traditional healer, whose skill has been passed on through subsequent generations. According to Alarab (1976, p. 249) she provided a bridge between bone-

setting and orthopaedic healing.

In the United States a famous American healer, Edgar Cayce, diagnosed illness by a method (trance state), similar to that used by healing priests of antiquity. The emergence of diagnosis by pendulum, under the name of radiesthesia, is familiar to the student of medical history in the twentieth century (Bin Alarabi 1976, p. 251). Whatever the specific procedures of the healers mentioned, whether they involved music, drugs, precious stones, ritual acts, or the like, common elements are present. In a religious sense, the procedures provide some mechanism for the supernatural focus for the patient's attention on the act of getting well.

Traditional Medicine

The history of traditional medicine starts with the creation of man. Nature was man's first pharmacy. Man and beast had use of those plants which they thought would cure their diseases. As man ranged more widely, he found plant life everywhere and extracted from it syrups, powders, or other concoctions in an attempt to heal his illnesses.

Traditional medicine was based upon definite ideas of biology and physiology and to some extent kept the people in good health. These ideas were not limited to any geographic boundaries. Some people think that traditional medicine is nothing but old stories and fairy tales perpetuated by "nannies"

and old people. However, modern pharmacology and the scientific study of medicine evolved and is still evolving from what our forefathers learned as a result of the search for treatment and prevention of illness (Al Maghribi 1965, p. 18).

I am personally curious about traditional medicine perhaps because I grew up in Jerusalem where that type of treatment is still practiced by many, even to some extent by physicians of Western orientation. To some, the success of such treatment cannot be ignored.

Many of the people from agrarian areas of Middle Eastern countries still observe the ways of animals and sometimes emulate them in matters of health. For example, I grew up on a farm and I still remember the summer when I was fifteen. Some of my friends and I were picking fruit when we noticed a dog searching for something. We started watching the dog, which went from plant to plant smelling until it came to a certain plant. It started eating the plant. We moved closer and noticed signs of discomfort on the dog's face. As soon as the dog had eaten some of the plant it ran away. I wondered about what I had seen as I knew dogs are meat eaters and not fruit and vegetable eaters. So I took part of the plant to an old farmer who lived nearby, and asked him to identify the plant. He told me that it was poisonous but was used for relief of constipation and the dog ate it to clean out its stomach. The dog was able to recognize

it from other weeds by its nature. In this example, I was confronted with a mystery unexplained by Western medicine.

Another example: When I was seventeen, I moved from my farm home to the city where I attended high school and lived in a dormitory. During the winter most of the students had colds and the flu, except for two other farm boys who were roommates. One day I visited them and found that the windows in their room were sealed. I knew it was a school rule to keep some of the windows open for circulation and fresh air. When I asked them about this, they replied, "We do exactly what hens do when they sleep. They keep their heads under their wings. Do you know why they do that? The hens know why." As in the previous example, here is a phenomenon not even acknowledged by the Western approach to medicine.

The history of treatment by herbs goes back to the beginning of history. Herbs (Bourdi leaves) were found at the Feroun graves showing that the old Egyptians, about the fourth century, knew some of the secrets of herbs and their use for treatment. The old Indians, at the same time, discovered and used some herbs for the cure of illness. So did the ancient Greeks use herbs for treatment during the fourth and fifth centuries. During the fourth and fifth centuries B.C. much was written on this subject by Kalinos, Belinos, and Hebakrut, popular physicians at this time (Rewaha 1974, p. 265).

Treatment by herbs continued to be the major source of medicine until Arab doctors added to it and enlarged it through experiments. The pharmacy at that time was called "God's pharmacy"; it contained all kinds of herbs and each herb was prescribed for a different illness. In the ninth century, the most popular of the Arab herb doctors were "Al Razi" and "Bin Sinia" (Rewaha 1974, p. 10).

In Europe it was not until the twelfth century that treatment by herbs became popular. The most famous authority on this subject, who planted, experimented and wrote a book called "Physika", was the English priest Hilledekard (Bin Sinia 1960, p. 5).

At the beginning of the nineteenth century, the study of chemistry progressed sufficiently to analyze herbs and prepare the active ingredients in the form of syrup, powder and tablets. Since then, treatment by herbs began to decline to be replaced by chemicals. But even today, experiments and studies are cited by some nutritionists (e.g., Deutsch, 1974), and others to show that nothing is better for the human body than natural herbs, compared with chemicals and non-organic products, because the human body does not work as a machine; the human body is an integrated, self-regulating system, and if any one part is defective, it affects the whole body physically, mentally, emotionally and psychologically (Bin Sinia 1965, p. 15).

Drugs Prescribed by Traditional Healers

The traditional healer's primary concern is the health of the people in the society in which he lives. A female faith healer told me: "You've got to realize that the secret of health lies within the human mind." Another popular healer explained to me that health is the balance of three important forces acting in the body and that there are three kinds of diseases, (1) physical, (2) accidental and (3) mental, although all three have a spiritual basis. Medicine used also are three kinds: (1) plants, herbs and gems; (2) faith and freedom of the mind from injurious acts; and (3) substance given with reason. When herbs or substance are prescribed as part of the treatment the healers consider the season of the year, the condition, age, sex of the patient, his or her food, diet, health and every aspect of his or her environment.

Holy water and prayer are also used, along with drugs, for mental illness, skin diseases and other illnesses. Prescriptions are accompanied by the invocation of God's name and His angels. Some of the remedies are: (1) Nervous breakdown, mental illness; the juice of Leonurns Cardiaca mixed with water 3 times daily. (2) Rheumatism; Picea Abies, extracted from new leaves and added to 30% alcohol. (3) Skin disease; Inula Helenum, a mixture of one-third animal fat applied to the skin. (4) High blood pressure and heart attack; one cup of Crataegus Oxyacantha mixed with a cup of warm water,

once per day (Bin Sinia 1960, p. 125).

Some bizarre remedies are prescribed: (1) Cure of common maladies; eat lumps of horse fat mixed with salt. (2) Toothache was eased by rubbing the gums with a tooth extracted from a corpse. (3) For disorders of the lungs; drink a mixture of wine, flavored with the lung of a fox.

Of all healers that I observed, none prescribed standard pharmacy medicine. However, they suggest it informally to their patients in some cases, and think of it as a necessity in certain diseases for humans.

Referral and Working with Medical Staff

Generally there is a good relationship between doctors and healers. Doctors may refer certain cases to healers. They do not try to prevent healers from practicising, although they do not invite them to practice in hospitals. Many West Bank physicians are sincerely spiritual men and believe that healing treatment is effective. A gynecologist mentioned to me that his neighbor had a defeated pregnancy, i.e., a miscarriage. His treatment results were negative after three months of treatment. The patient then sought a midwife and subsequently had a normal pregnancy.

Also, healers suggest to patients that they see physicians. In certain cases of long term illness, local healers recommended medical treatment. Thus, there is no

sharp dichotomy between Traditional and Western style healers.

While working with others in homes and clinics, etc., I observed healers working together as a team, husband and wife or father and son. One spiritual healer mentioned to me that her mother and grandmother had been spiritual healers and that she is teaching her daughter the same techniques.

Some healers have been invited to hospitals by parents of patients or by request from patients. Western-style physicians and their hospital staffs have never permitted local healers to work with them, despite the fact that they tolerate their practicing outside the hospital setting.

Mode of Dress

Most male healers wear white coats rather than ordinary clothes. Most female healers, however, wear long black dresses. Both males and females avoid wearing footwear, especially those in the faith healer, magician, and witchcraft categories. They believe that footwear insulates them from the spirit of God and from the life-forces of the earth. They try not to draw attention to themselves by wearing odd clothing or fancy robes. They do not wear fancy rings or necklaces unless these have a religious connotation. They wear a traditional headdress. They are humble of manner, loved and respected by the people who believe that they have been proved to be reliable.

Fees for Services

Most healers accept money for services. After a diagnosis is made the fee is agreed upon by taking into account the patient's ability to pay, and it is traditional that people will pay with gifts to the healers. Fruits, vegetables and farm products are most generally given by farmers to the healers as payment. Some healers have other sources of income and will not accept payments. The latter believe in helping for the sake of God, out of pity and for charity.

One Western-style physician told me that he charged a set fee but that some local healers received as much as five times his fees (which is equivalent to five dollars), because most patients liked to give something to help the healer.

Code of Ethics

In my study and observation of the traditional healers, I found that all would give before they received; they gave in a total sense; they were without price, appeared to feel no jealousy, and were unaffected by criticism. Their entire concern appeared to be focused on making a person better in any way that they could. I asked a bonesetter, a man in his seventies, who had traveled by horse approximately five miles to help a child with a broken leg, what fee he was getting for the trip. He replied, "You are now living in a money-

oriented society, but it is worth more than money to see someone feel better, and my only concern is making treatment possible for the patients who need it."

Home Visit

Most healers make home visits. Some travel from town to town like salesmen. They usually become known to the villagers and build a reputation for effectiveness in healing. They are equipped with a kit or suitcase containing the medicines they prescribe.

Other healers operate from their homes, or from local mosques. The healers I visited at home each had a separate room for seeing patients. They made sure it was clean, and had a place for people to sit, and a tapestry or rug for patients who were required to lie down.

Diagnosis

"Your eyes are the mirror of your soul" is a phrase well-known on the West Bank and the Middle East. In answer to my question, "How do you examine the patient", one healer told me that not only are the eyes the mirror of the soul but they also mirror the state of the patient's physical condition. It is worth noting that Western-style diagnosis includes examining the eyes for symptoms of disorder in other parts of the body. To diagnose and recommend a treatment, you can ascertain the condition of any part of the body by

examining the tissue fibers containing the iris, the colored portion of the eye. As the body divides in halves, left and right, the left iris represents the left half of the body, and the right iris represents the right half of the body. The eyes also represent the interrelationship between the physical and spiritual parts of the human being. In Western medicine, the left and right half of each eye represent the right and left cerebral hemispheres, which in turn govern some of the functions of the left and right side of the body. Each hemisphere also may be characterized by a different mode of thinking (Bogen, cited in Ornstein, 1974).

Other methods of diagnosis include touching the patient's forehead to determine the temperature, holding the wrist for pulse, feeling and touching the abdominal area and/or any other area in the body needing to be examined. The eye and the hand, however, are the most important instruments the healer usually uses in the diagnosis of the patient. In addition, they converse, discuss and share views of the condition of the patient.

Education, Training and Background

Most local healers develop a knowledge of anatomy, location of the glands, common diseases, the nervous system, poisons, and bones and joints of the body. Female organs are a specialty of the midwife. They have knowledge of standard

medical phrases and terms, although this varies according to the specialty of the healer. The sources of their knowledge are also varied. Some, such as the midwife and the local nurse in each village, receive minimum training by a hospital or health department. Details of the training will be discussed in another section. Some learn by experience. I have been informed that all bonesetters have many years of experience as butchers before they become professional in that form of treatment. Some are taught by their families to be faith healers or midwives. One gynecologist told me that his mother is a midwife and since he has no sisters, his mother taught, encouraged, and supported him to be a gynecologist, because no male, traditionally, can be a midwife or (Daya) in Arab countries. Some preachers are also faith healers because people trust their judgment and believe in them. They learn the healing art by word of mouth from others, who have learned it by experience. There are no specific schools for traditional healers.

Licenses and Certificates

Local healers, except midwives, are not licensed nor are they certified or registered with the health authorities on the West Bank. Midwives may voluntarily apply for a license and there are training centers for them in each county. These are free of charge and the length of training is three

months. After completion of the training, they receive their certificate and a license. They are taught general medical information, how to deliver a baby, and some information about female organs. They are required to be high-school graduates.

Older midwives who have learned their craft by experience are not required to go for training. They are, however, encouraged to do so.

Local healers are aware of a law against their practice. Sometimes they refuse to get involved in a case of severe injury, deep cuts, heavy bleeding or broken bones accompanied with bleeding. The citizens are very protective of them and encourage the local healers to treat them because of the high cost, lack of transportation, and disillusionment with Western-style physicians. For example, one health official told me that he had received a telephone call after midnight from a local hospital to see a child that had been admitted. The child had broken an arm two weeks earlier. A bonesetter had treated him but apparently had failed and the hospital had to cut off his arm. He asked the parents the name of the bonesetter, but they refused to give his name.

Sex, Religion and Age of the Local Healers

While Western-style doctors are mostly male, approximately half of the local healers are female and half are male.

About 90% of the local healers are Moslems and about

10% are Christians. The population on the West Bank are of this same proportion, except for the new Jewish settlement, not included in this study. The latter are treated in Israeli hospitals.

The age distribution of local healers is as follows:

Range	Percent	Number
61 - 75	20%	10
50 - 60	50%	25
36 - 49	20%	10
25 - 35	10%	5

It is clear that local healers are usually older persons.

Specialty and Form of Treatment

From my study and observation of local healers, I was unable to determine exactly how many local healers there are on the West Bank. No registration, licenses, or statistics are available to determine the exact number. Some of the healers work part-time in addition to their regular jobs as farmers, merchants, laborers, housewives, retired persons, ministers or preachers; and some are full time healers. Responses from several health professionals who are concerned about local healers in the area suggested that there are approximately six hundred male and female local healers on the West Bank, although their frequency distribution (as to type of healer) is unknown. They may be designated as

follows, according to their preferred forms of treatment; (1) Bonesetter healers; (2) Faith healers, (a) Faith healing per se, (b) Healing by hand treatment, (c) Spiritual healing; (3) The work of magic healing includes, (a) Magic healing, (b) Witchcraft healing, (c) Psychic healing; (4) Healing by precious stones; (5) Healing by herbs; (6) Healing by wisemen of the village.

Local healers who reside in the rural areas are approximately 90% of the total healer population. The average local healer has five to ten patients a day. Some local healers reside at home and the patients come to them for treatment. Each has one room for that purpose, usually clean, fresh, and with rugs for patients to sit or lie on. They are equipped with the necessary materials the healer needs for healing, including drug remedies.

Other healers travel from village to village and after a certain time become known to the people of these villages. The traveling healers have to visit patients, and check their present conditions. They determine whether treatment procedures are being followed, and are available to receive new patients. All of the local healers I studied said they respond to calls for home visits at any time, even to other villages three or four miles away.

1. Bonesetter healers. The approach of traditional bonesetters can be traced to the ancient principle

that the body is self-sufficient medically and that provided nature is left to do its work, there should be no likelihood of ill health (Riwaha 1974, p. 39). Some bonesetters are able to diagnose and treat illness, just as faith healers and any other local healer are, with no x-ray or other non-organic medicines. But their specialty is bonesetting and they limit their profession to such treatment. I asked a famous bonesetter, after observing him during the healing treatment, and noting that he appeared to be proud and self-confident, "What is the secret and the philosophy of your treatment?" He replied, "The human body is unable to function efficiently unless it is structurally sound."

The bonesetters are popular in the West Bank area, and the majority of the people have a positive reaction toward their profession; even Western-style physicians gave them approval and recognition during my interviews with them.

A bonesetters job is simple, but it needs a special kind of courage, as they do not use anesthetics. When someone comes with broken bones, the bonesetter straightens the broken bones with his hands and puts the pieces back together. It

is very painful to the patient but is generally effective. Then the bonesetter prepares a mixture of egg whites with local bath soap made from olive oil. After he crushes the soap and applies the mixture all around the broken area, he wraps it up with gauze, then applies thin wooden stakes. Finally he wraps this with gauze and tightens it firmly. In a month or two the bones will usually be healed.

Bonesetters know the structure of bones and joints and how they work. It is perhaps not surprising to learn that they traditionally work as butchers for long years before they become bonesetters.

2. Faith Healers.

   a. Faith healing per se. Throughout the history of the Middle East it is traditionally believed that the faith healer is largely impotent unless he or she can establish rapport with his or her patient. In other words, the mechanism of faith healing is intricately involved with the intensity of faith that the healer is able to command. In the New Testament it is found that Christ shared His divine power of healing with the Apostles and gave

them the power to cast out unclean spirits, and to heal all manner of sickness and all manner of diseases (Rewaha 1975, p. 67).

Also, in the Holy Koran it is found that the prophet prayed over the sick people and said, "God (Allah), heal them" and they were healed. From this it is clear that the early Moslems and Christians shared the belief of earlier faiths that evil spirits were a cause of disease, that prayer was given to man from God, and was considered to work by faith. Faith healers also believe that remedies provided by nature are among the gifts from God. The use of the holy oil for rubbing the bodies of the sick, and the use of the holy water are adjuncts to prayer as remedies for treatment of patients (Rewaha 1975, p. 69). There is therefore no strict distinction between faith healers and the other types. The difference is one of emphasis.

It is a tradition that every treatment by local healers is accompanied by the name of the Christian or Moslem God and His angels. The sickroom is sprayed with holy water to drive the spirits of evil from the sick person, and

incense is burned to force the departure of the Devil from his or her body.

The use of the names of Saints also is employed as an instrument of the religious healing. It is still believed that miracles can happen and medical miracles still are performed by local healers. Even in the United States, in Tulsa, Oklahoma, Dr. Oral Roberts is a well-known example of a faith healer, and his followers exemplify the people's attitude toward that type of healing treatment.

Faith healers also believe that there is direct relationship between God, the stars, metals, colors, precious stones and the human body. They apply that faith in their treatment of patients.

b. Healing by hand treatment. This simple treatment can be traced down as early as five hundred B.C. (Rewaha, 1974). Healers of this type simply lay their hands on the patient. These people are not magicians, because the work of the magician utilizes certain well-defined laws and means by which he is enabled to first summon and then compel the forces of nature to carry out his will. Many people who heal by touch

claim to achieve their cures by special power within themselves, acquired hereditarily or through teaching, and it is believed to be a result of supernatural intervening forces. One local healer told me that it is a gift of God, and that a dynamic energy extends from the healer's body, influencing everything he lays his hands on.

The power of healing hands was well known in ancient Egypt, and the New Testament mentions the laying on of the hands of the presbytery. Healing by touch has taken various forms; in the twelfth century the princes of some German states were said to have cured impediments of speech among their subjects by kissing the sufferers on the lips (Rewaha 1974, p. 324).

Saints and ministers on the West Bank are reputed to have achieved remarkable miracles of healing by laying on hands. They are recognized and esteemed by the society they live in. I have been told by one local healer that he knows of a God-gifted healer who could draw a malady downwards through his patient's body and expel it via the feet.

Most local healers in the West Bank area who

use the laying on of hands, believe that healing comes from God, and that they act as an instrument of God to drive the devils of disease from the bodies of the sick.

In the summer of 1978, I visited a local healer in the small town of Ellar whom I had been told treated people for blindness and got good results. I observed him using his hands, touching the patient, praying, burning incense, muttering words of magic, and finally, licking the patient's eyes, using his tongue in and around the eye and the iris. He asked me to not reveal what I had observed. I asked if the patient would be healed now. He replied that some patients could be healed with one treatment and some needed further treatments, depending on the length and the nature of the disease.

c. Spiritual Healers. In the past, spiritual healing was in the hands of the two dominant religions of the West Bank, Islam and Christianity. The ministers of Islam, the Christian fathers, and other religious people taught that the remedies provided by nature were the gifts of God. In the nineteenth century, the belief appeared that cures could

be achieved by cooperation with doctors who had passed over into the spirit world, who could even perform psychic surgery (Alghazali, 1965).

Whether the basis is scientific or religious, the method used by all healers must rely for its effectiveness upon a conscious or unconscious relationship between the healer and the patient. This relationship must be based on faith that the healer will be able to seek out the cause of the disease and cure it. Such belief is metaphysical.

In modern medicine, many mental illnesses and minor physical disabilities are cured by hypnotherapy, and many physicians in the Middle East are adopting the technique of laying on the hands and believe that combining the spiritual and scientific method in the treatment of the patient will get a positive result (Rewaha 1974, p. 48).

I asked an old spiritual healer, who is popular in his community, about his philosophy of healing treatment. He said, "Illness is a conflict of the mind, consciously or unconsciously, and can be cured by suggestions

accepted by the patient. And to stay in good health still for many people is a mystery, but it is the state of mind." In making this statement, he agrees with healers previously quoted in this study.

There are two types of spiritual healings: the first is physical contact between the healer and the patient, and it has been done traditionally through the years by laying on the hands and, the second is by absent healing, in which the patient is away and has no knowledge of being treated. It is the people's belief that the effectiveness of such treatment depends on praying for the patient and meditating with confidence in a cure.

The method used by the spiritual healer is to treat the whole body, for the sickness of a part will affect the whole physical body. When the malady is gone, the body will resume its normal condition.

3. The work of magic healing includes:

a. Magic healers. The work of magic has been known over the ages and became popular during the fifth and sixth centuries. It has been done with no written instructions and not in words

but in symbols, which only magicians understand; the work of magic is mystical.

The people who learned the magic craft were interested in personal power; the magic, ceremonies and the desire to command the spirit were not for the help of mankind. It is this orientation which distinguishes magicians from faith and spiritual healers. When Islam was born, it condemned the work of magic, considering it the work of Satan, thus it happened that those who got involved in magic were persecuted. Some magicians then started to practice psychic healing and played the role of healing priest for survival. The method used was the healing hand, with no other instrument (Rewaha, 1951).

Until the sixteenth and seventeenth centuries the practice of magic relied on the effective working of will, faith, and the imagination alone. Modern magicians on the West Bank continue in the tradition of the ancient magic, maintaining the effectiveness of their craft of healing, and direct their mental and spiritual energies toward the relief of those sicknesses which are believed to be caused by the devil. Magic healers, then, are

a sub-category of the class of healers who use the laying on of hands as their principal treatment. Magicians are hand-healers who do not subscribe to the dominant religions of the West Bank.

In my study and research, I learned that most magicians live isolated from the community and only receive those people for treatment who will come to them. I visited a magic healer who lived in the country on the top of a hill in a hut surrounded by trees. He had a servant whom I later learned had come to learn the magic craft. When the arrangement was made for me to see Mr. Sahill, I observed that he was wearing a long, wide, black robe. He had a long gray beard and was sitting on a valuable rug. The room was dark with a few candles burning and a strong smell of incense. He told me that magic healing worked on the individual through the power of the mind, as the individual sees and thinks things to be, that the secret lies within the imagination, the mystical past of the person, invoked through the words of power and the concentration of the individual.

b. Witchcraft healers. Witchcraft is defined traditionally as a form of mental poisoning, a neurosis which infects the whole personality and ultimately destroys the body of the one bewitched. Throughout the history of the Middle East, witch doctors have been forced to come to terms with the fact which we know now to be true, that many illnesses are the result of deep-seated fears. Therefore, their role has been to protect the minds and bodies of those in their care from the dangers of what is now called a psychic attack.

The medical witchcraft and the so called healing witches were known over the years as men and women who combined psychic healing with magic, and their power was believed to be acquired from Satan. Therefore, the people of the West Bank fear witches as they fear the Devil or Satan.

Witch doctors have met with considerable hostility since Islam first ruled the country, and therefore, legal action has been taken against them. They have been arrested and accused as sorcerors and heretics, and have suffered cruel tortures.

I asked a wiseman of the village if he could lead me to a witch. He replied, "You do not see many of them these days." When asked why, he replied, "Witches are agents of sickness affecting both humans and livestock. They inflict every kind of disease and injury in various ways." He added, however, that people need witchcraft for the treatment of rare and unknown diseases. He explained that if any infirmity or injury is caused by witchcraft, the only effective treatment is by witchcraft, as the power of witches is acquired from the Devil who alone can effect the cure.

Witchcraft can be understood in Western scientific terms as a set of toxic beliefs which infect the whole personality and destroys the person who has been bewitched through sickness and death. Where there is a strong belief in the community, a curse can be effective. The individual who believes that he has been accursed, becomes dispirited by terror and he loses the will to live. This negative attitude opens the door of the mind to death by the spirit (Rewaha 1976, pp. 230-235).

c. Psychic healers. The psychic healing technique

is well known in the Middle East. It is a form of magic to attract and control the imagination of the patient. People seek psychic healers for rare diseases and mental illnesses after treatment with herbs and other forms of local healing have been unsuccessful. Psychic healing could be characterized as a magical version of psychiatry, as the patient believes that he is a victim of the evil eye or witchcraft, and he is controlled by this fear. In order for the cure to be effective, the healer has to restore a normal state of mind. The patient is placed in an atmosphere which creates imaginary fears and anxieties, leading him to forget for a moment the fear of the evil eye and witchcraft, and to start to listen to the magician who has compelled his attention, with the utmost awe and respect for his words.

I have been told that psychic healers capture the complete attention of their patients and get them to see, for example, a reflected face of the witch or the evil eye in a mirror. Once the cause has been identified, a reverse spell can be cast, such as a consuming fire, or throwing a bottle full of blood and urine at the

reflection, or burning incenses to get rid of the evil, and to develop an atmosphere in which the patient becomes receptive to the suggestion that a cure was about to take place. The patient has been brought to believe that when the bottle bursts, the evil will spill and disappear, and his troubles will be over.

This type of treatment is claimed by its proponents to be effective because the magician healer is able to convince the patient and the people closest to him that an evil influence is the cause of the illness. He also has the ability to enter into the patient's inner world of thoughts and feelings, giving him the assurance that his troubles are over and that his enemy has been defeated and has gone. The patient will then recover because he believes in such treatment.

4. Healing by precious stones. A traditional theory which is still believed by many on the West Bank is that every precious stone can be recommended as a cure for one or more diseases. Some stones are believed potent against every imaginable type of disease. It was the belief of the ancient people on the West Bank that gems possessed curative

properties and had the power to prevent diseases.

There are two types of precious stones: (1) the medical stone which is ground into fine powder and dissolved with water and taken internally, and (2) the talisman stone which usually is worn on the body for protection against hidden dangers from outside. Paracelsus in the seventeenth century on the West Bank, applied the theory by employing such substances as chrysolite (a gold based stone) for the protection of head and blood. Every precious stone has its particular healing properties and color, such as red stones for the treatment of hemorrhages, and yellow stones to cure jaundice. The emerald, because of its greenness, is an ideal stone for eye sufferers.

There are five main groups of precious stones, (1) the carbon-based, (2) the silicon-based, (3) the aluminum-based, (4) the gold-based and (5) the silver-based, and combinations of these such as garnets. Turquoise, pearl, coral and amber are not true precious stones. Carbon, of which the diamond is made, is important for protection of spleen and bones.

Many people who wear precious stones on the West Bank, I noted, wear them on the parts of the

body to which they gave the most protection.

It is believed that only the perfect (pure) stone provides complete protection against illness, and that defective ones will bring the curse of the witches and the misery upon the person's head.

5. Healing by herbs. Many herbs have been used in the middle ages by physicians as the only medicines, and the use of these plants and their healing properties were developed by practitioners of folk medicine, also called herbalists (Rewaha 1975, p. 70). Earlier, the ancient Babylonians and Egyptians made extensive use of plants for healing purposes, and some of these are still included in the modern pharmacopeia.

In Japan and China, camphor (Camphora) is produced from a tree related to cinnamon. In Europe a volatile oil is distilled from the plant and used as pills. In the Arab world for hundreds of years and up to now, an infusion called Khat of the shoots of ghet (Cathaedulis), a plant of seletra (Celastraceae), is prepared and chewed. And the chewing of the Kola-nut, a native plant of Sudan, is most popular in the hot countries in the Middle East. It came from kola (Cala acuminata), a plant of the cocoa family.

During my observation and research in the West Bank I asked a local healer who specializes in herb treatment how one avoids poison herbs. He replied, "Poison is in every substance and toxicity depends on the dosage." He also advised me that he takes into consideration, when he prescribes a dosage of herbs to the patient, the season of the year, the condition of the patient, his diet, age, sex, occupation and every aspect of his or her environment.

Treatment by herbs is very popular on the West Bank; almost every family has knowledge of some of the herbs and their uses. People as well as local healers in the appropriate season will go to the mountains, villages or fields where certain plants grow, and pick them, dry them and save them for remedies when needed, such as paboonige (pimpinella anisum) for toothache, chijeri (matricaria chemomilla) for infections of lungs, nose and ears, and osfer (stellaria media) for chest problems.

6. The wisemen of the village. The name "wiseman" is not limited to men only, but includes women too. Wisemen come from the respected people in the community who devote time helping others. They

have learned their skill by experience and mostly common sense. They are not limited to using one healing method, but combine herbs, faith, magic and any other treatment which they believe will have an effective result. The effectiveness relies entirely on the imagination of the patient that these remedies will bring miraculous recoveries. I observed a sick woman who came to a wiseman. Although she suffered from a painful fit, she absolutely believed with all her heart that recovery was inevitable. When asked why she believed, she said, "Everybody in the village believes in him and his treatment over the years. He has the power and the know-how."

Village wisemen prescribe such remedies as holy water from the mosque or the temple for the cure of nervous disorders, powdered skull for fits, the knee cap of the sheep (hafer) to be kept in the pocket and under the pillow at night as a cure for sore eyes. The charms and bizzares described operate on the basis of basic principles. The first is that contact with a sanctified object can bring about cure of illness. The second that evil spirits are causing the disease and that the object is charged with the power of the healing

God which, by a kind of shock therapy, drives out those evil spirits.

Summary and Philosophy of Medical Practice

From my study, observation and experience, local healers appear to provide direct service to the patient and are located within the community. They focus on the relationship between the individual and others in the family and neighbors. They are concerned about the cause of illness, not just the symptoms. They listen to the patient. Both patient and healer speak the same dialect, wear similar clothes and the time consumed is apparently not a factor. The patient should believe in the remedies proposed by the healer for them to be effective.

I asked the wiseman of the village of Kafeen, who is the most popular healer there, how one could be in perfect health. He answered, "The secret of perfect health may well remain an insoluble mystery. Disease is a conflict within the unconscious mind and illness, including chronic illnesses, can be cured by suggestion." He summarized his speech by saying, "The secret of health lies within the human mind."

Healers believe traditionally that supernatural forces are the primary cause of disease. They prescribe a remedy and include prayer or magic, in order to drive the spirits of evil from the sick.

They avoid talking about their successes, never mention

the word "my" patient, and eliminate personal involvement. They pray at the beginning of the day that Allah (God) will bless their day, and the patients to be healed. They never offer their services, except for emergencies, and wait to be asked. They may recommend other healers, and make sure that the patient is relaxed when treated. Their main concern is to heal the patient, if possible, and they will continue trying even if the patient's western-style physician has given up and death is expected; they never promise anything to the patient. They seek permission from the patient's doctor if they have been invited to the hospital. They make sure the place of practice is clean, fresh and is a pleasant atmosphere. They wash their hands before and after each treatment, making sure their appearance is acceptable. Their fingernails and teeth are clean and they avoid smoking in the presence of the patient. They avoid involvement and taking sides in conflict.

They set an example for others, never neglect their family or children or become over worked. They expect criticism and expect nothing in return. They feel a deep sympathy for all patients at all times, showing compassion for and understanding of their problems. They give before they receive and they never seek public office except as a minister (Imam).

In conclusion, I have found local healers to be honest men and women having some knowledge of anatomy and medical

phraseology. They appear to care about the sick and poor without primary concern for material reward. They have knowledge of certain herbs, roots, stones, water and faith. They know how to reach out to the patient and get him or her to relax. Their main goal is to provide a remedy that makes the patient heal. They do so for the sake of God (Allah) for charity and pity; their reward is spiritual.

CHAPTER V

COMPARISON OF WESTERN STYLE PHYSICIANS AND TRADITIONAL STYLE HEALERS

INTRODUCTION

It becomes clear from examining the characteristics of the Western-style doctors and the Traditional-style healers in the previous chapters, that there are differences. The local healers are more subjective and informal, and more willing to share information with the patient. The Western-style doctors are much more concerned with a systematic, knowledge-based approach; with the need for distance and perspective; with objectivity rather than subjectivity; with practice based on scientific analysis, rather than experience, and with theoretically directed practice, rather than simple practice by intuition.

There are some resemblances between the two types of healers. Both believe that patient expectations and personal qualities of the doctor are decisive in the treatment process. Whatever intellectual rationale is utilized, while it

may vary in form from culture to culture, it is considered to be significant in the treatment intervention. It is important to note that traditional healers approach provides a much wider range of connections to the patient's world view, expectations, or systems of belief than do any of the more abstract Western-style models. The Western-style model has a whole series of assumptions and an underlying world view that do not easily connect to those of a large number of their patients, who prefer for this treatment intervention the world views of religion or faith and astrology.

The following chart will present a schematic, ideal-type contrast between the traditional style healers and the Western-style physicians on the West Bank in the areas: Basic differences, setting differences, professional differences, doctor-patient relationship, and drugs prescribed.

Topic Areas

Basic Differences

Western Style Physicians	Local Healers
1. Scientific medical system	1. Supernatural medical system
2. Treatment used for curing only	2. Treatment used for curing and prevention of disease
3. Professional training	3. Non-professional training
4. Diagnosis with the aid of instruments, x-ray, etc.	4. Diagnosis by feeling the pulse, touching or studying the complexion

5. Prescription of drugs (western medicine)	5. Prescription of herbs and other substances
6. No explanation of the cause of illness	6. Effort made to explain the cause
7. Modern medical system	7. Traditional medical system
8. New and foreign method to patient	8. Ancient, local and familiar method to patient
9. Knowledge used to maintain power	9. Knowledge not used to gain power
10. The doctor sets fee for services and makes sure it will be paid	10. No fees set; free or ability to pay
11. The doctor maintains authority and control of procedures	11. Healer granted authority but maintains no control over procedures
12. Doctor concerned with symptoms	12. Healer concerned about cause, not about symptoms

Topic Areas

Setting Differences

Western Style Physicians	Local Healers
1. Appointment times and record of visits kept	1. None
2. Treatment oriented to clinic, office, or hospital, etc.	2. Treatment at patient's home, mosque, healer's home, etc.
3. Doctors located in the cities	3. Healers located in rural areas and villages
4. Doctors have waiting rooms, examining rooms, receptionists and nurses	4. Healers have one room for all, and perform all procedures
5. Doctors scheduled according to timetable, and for a definite period of time with each patient	5. No set timetable; time is not a factor
6. Doctors determine the procedure of treatment and control of procedures	6. Healers discuss the procedure with patient
7. Doctors use and rely upon sophisticated equipment for treatment of patient	7. Healers do not use modern equipment
8. Doctors wear white coats or uniforms and expensive clothes, and establish authoritarian relationship	8. Healers wear clean and normal clothes, establish equal to equal relationship
9. Doctors keep records and information is withheld from the patient	9. No records are kept or information withheld
10. Doctors do not make home visits to patient even in an emergency	10. Healers make home visits and available any time

11. Doctors' clinics, offices and hospitals are crowded with patients and the time waiting for treatment is lengthy	11. Healers usually are available, and no waiting time before treatment
12. Transportation is required in order for patient to receive treatment	12. Healers usually located within walking distance or make home visits
13. Many tests; some may be superfluous	13. No unnecessary tests made, if any

Topic Areas

Professional Differences

Western Style Physicians	Local Healers
1. Doctors' emphasis upon knowledge and insight, theory and structure	1. Healers emphasis on feeling and practical experience
2. Doctors are systematic	2. Focus on experience, common sense, intuition and folk knowledge
3. Objective - use distance and perspective, control of transference	3. Subjective - closeness and patient involvement
4. Limited empathy, controlled warmth	4. Identification with patients
5. Standardized performance	5. No standardization
6. Outsider (foreign to patient) orientation	6. Insider (closer to patient) orientation, indigenous
7. Doctors use systemic evaluation	7. Informal evaluation
8. Careful and curing	8. Slow, caring and curing
9. Praxis	9. Practice
10. Doctors are required to have completed a program of professional education, including clinical training under professional supervision	10. Not required to complete a program, education, may have experience and knowledge or training under supervision
11. Doctors required to be licensed and certified	11. No license or certification required
12. Doctors do not reveal theories and methods to patients	12. Healers discuss the principles, effectiveness and the method of treatment

13. Doctors label patient sick, patient may play appropriate role, may remain ill.	13. No label, encourages patient to be well, and get well
14. Doctors are mostly non-religious and tend to negate spiritual activities	14. Healers consider religious attitude and utilizes spiritual activities
15. Doctors profess neutral and non-judgmental attitude toward patients	15. Healers profess attitudes and are judgmental, to help patients
16. Patient improvement is non-uniformly achieved	16. In most cases, improvement is planfully achieved

Topic Areas

Doctor-Patient Relationship

Western Style Physician	Local Healers
1. Personal contact and socialization with patients is discouraged	1. Personal contact, support and socialization are encouraged
2. Doctors are presumed normal and do not identify with patient	2. Healers sympathize and identify with patient
3. No family involvement and/or confrontation	3. Family involvement is encouraged
4. Patient cannot achieve equality with doctors	4. Patients are allowed to and may become equal participants with healer
5. Doctors emphasis upon etiology and insight	5. Emphasis is on faith, and will power
6. Doctors' vocabulary is not understood by patients	6. Healers use the same vocabulary as patient
7. Doctors are not a role model, do not set personal example	7. Healers are role models, thus set example for the community
8. Doctors accept disruptive behavior and sick role	8. Healers reject disruptive behavior and sick role
9. Doctors do not aim to reach patient at "gut-level"	9. Healers do reach patients at "gut-level"
10. Doctor-patient relationship has little direct community impact	10. Healer-patient relationship has considerable community impact
11. Doctor does not have to reveal himself to patient	11. Healer must reveal himself to patient
12. Doctors use terminology that is foreign to patient	12. Healers use terminology that is familiar to patient

13. Doctors have different status, based on an institutionalized role	13. Healers status based on helping patients get healed without institutionalized services
14. Doctors do not fulfill the role established by the patient	14. Healers encourage and support patients
15. Doctors are non-critical, non-judgmental, neutral, and listen	15. Healers are supportive, judgmental, critical, and talk
16. Patients unilaterally divulge to doctors; disclosures are secret	16. Patients divulge to healers; disclosures are shared
17. Patient expects to receive support and understanding	17. Patient expects to receive support and understanding
18. Doctors have lower cumulative dropout percentage of patients	18. Healers have higher drop-out percentage
19. Doctors review the patient's past to discover the present problem	19. Healers review the patient's past to discover the cause of the problem

Topic Areas

Drugs Prescribed

Western Style Physicians	Local Healers
1. Doctors prescribe powders, tablets, or injections	1. Healers prescribe herbs, plants, or other substances
2. Drugs prescribed are imported	2. Herbs are local
3. Drugs are expensive and sometimes not available	3. Herbs are without cost and available at any time
4. Treatment emphasis on drugs or injections in most cases	4. Treatment varied and there avoidance of drug dependency
5. Drugs available and sold over the counter in pharmacy only	5. Herbs are available in most every home or provided by the healers
6. Treatment never intended to be spiritual or inspirational	6. Spiritual and inspirational activities are considered
7. Religious attitude tends to be negative and never considered	7. Religious attitudes are an important part of treatment
8. Treatment never includes faith or spiritual remedies	8. Faith and spiritual treatment are considered
9. Doctors demean magic treatment, even if the patient mentions it	9. Magic treatment is practiced

Summary

It is clear, after examining these characteristics, that the local healers are much more subjective and informal in their approaches. Disclosures are shared between the patient and the local healer and the participation is judgmental by the healer. In essence, the local healer's approach reflects a series of dimensions that might be termed as non-professional. Western style physicians, as professionals, are much more concerned with a systematic, knowledge-based approach, with a need for distance and perspective. Sometimes there is empathy but not identification. There is objectivity rather than subjectivity, and practice is based on scientific analysis, rather than experience, knowledge or intuition. There is praxis rather than practice.

Local healers serve to reduce some of the difficulties of western style approaches, such as the maintenance of a monopoly and high cost of professional services; western style medicine is inaccessible in low-income and rural areas, and are not sufficiently accountable and relevent to the consumer.

The western style physicians' model has a series of assumptions and an underlying world view that does not easily relate to the large number of local consumers, who prefer their health intervention to encompass world views of

religion, magic or astrology or other traditional treatment. Thus, some people require the scientific, supernatural language, vocabulary, and assumptions of a formal medical system and the accompanying doctor. Others believe in various non-western approaches, based on a different set of assumptions and value frames. What I am purporting here, is that the traditional healer's approach and the non-professional dimension allow a wider range of intervention formats, thus tying in with different consumers' systems of thought. The traditional healers' approaches are based more on the assumptions of the value of faith over knowledge and understanding. Not only are these dimensions useful in any human service intervention, but they also fit the orientation of many societies other than the West Bank, who are less accepting of the professional stress on understanding as the main way to change and improvement.

It appears that the training of western style physicians and the effects of socialization move western style doctors away from the dimensions of identification, deep concern, involvement, and caring. This often drives them away from nearness to the patient, from feeling and close involvement with the patient they formerly were a part of, close to, and near to the community and the patient to be served. That nearness resulted in an important value in the human service practice.

Local healers on the West Bank have certain norms of behavior, provide support, help; set limits, sanctions, norms; allow power to the individual, provide feed back, and take time with the patient. They provide an opportunity for socialization, break down the gap between the doctor and the patient, help the patient to achieve his place in the community and define his or her status, goals and needs within the social system. They experience normal social contact, as well as communication, as a result of human services and success of their practice.

This ideal of healing focuses on the individual's interpersonal relationship within the community, not only physically but spiritually.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATION

Summary

Few people would wish to see their country in the middle of an international political controversy. The doctors who work on the "West Bank" certainly have no liking for the position in which they find themselves. They refer to themselves as Palestinians, even though it is a national appellation without (at present) any officially recognized geographical location. They look back with mixed feelings to their periods under the jurisdiction of the British and then the Jordanians, but are distinctly unhappy about events since the Israeli occupation of 1967.

The hospitals are under the direct control of the Israeli military government, but are run by Palestinian Arab doctors. Some hospitals have been taken over by the government to serve as police, army, or administrative headquarters. The buildings which remain as civil hospitals are from 10 to 50 years old, some entirely government-financed, others run by charities or religious foundations, supplemented by

private patients. The 300,000 Palestinian refugees (regulations are that to remain an "official" refugee, one must have a card and a number) have their own medical and welfare services provided by UNRWA.

The senior hospital staff have all had post-graduate training abroad, in Britain, North America, or Germany, while the junior staff members are graduates from Baghdad, Beirut, or Amman. The sense of national loyalty is high; working conditions, remuneration, and the political atmosphere are uncongenial, yet those who work there struggle on. Some doctors have returned from lucrative posts in America or the Gulf States, but immigration is understandably still high.

The nurses are poor in number and quality since throughout the Arab world nursing is regarded as a poor occupation for a woman. The overwhelming problem, and the source of greatest discontent among the doctors, is the deficiency of money and equipment. Laboratories provide minimal and irregular services, while radiology is abysmal. The two radiologists (for 3/4 million people) do their best with primitive machines, but decent contrast radiology is impossible. Yet, by some bizarre choice of priorities, a chronic dialysis program for renal failure is running in two of the hospitals. Occasionally, groups of expatriate Palestinians in the U.S.A. donate equipment, but this can only be of marginal help.

Within a few miles, across the Israeli border, is to be found the great Hadassah Hospital, among others, well-staffed, with every modern diagnostic aid. They give a willing service to the hospitals of the occupied sector, particularly for laboratory tests and nuclear medicine. Nevertheless, relations across the border, although professionally respectable, are frosty, and the Palestinians resent their dependence upon the occupation regime. Contacts with Jordan, across the other border, are very few, and offer no material help, though the doctors still belong to the Jordan Medical Association.

Doctors are bitter because they believe their standards in 1967 were high, but that any development since then has been actively suppressed. They are resigned to the fact that nothing will get better until there is a political settlement. Even then, huge resources in money, equipment, and education will be needed to bring standards up to those of the Western world.

Conclusion

In my view, the practice of both the local healers and the western-style physicians should be client-centered, informal, inexpensive and open. The approach should be concrete, subjective, experiential, and intuitive, which I found in contrast to the western-style physicians emphasis

on distance, perspective, reflection, systematic, understanding and knowledge.

In the field of health care, much of the work can be performed by people with no formal systematic knowledge or training, rather their ability or skill rests on their humanness, their feeling for people, caring, their everyday, down-to-earth experience and common sense, their spontaneity, their availability and their time. This is one of the reasons why the people on the West Bank rely on the local healers. Such healers reside in their communities, as neighbors and support givers, and they are perceived as effective by the people they serve. The human emphasis allows the local healers to reach the patient on the patient's own turf; furthermore, the input of human services is less expensive, whereas the western-style physician's skills are sometimes used when they are not needed, with a resultant lack of productivity in human services.

People who do not receive any services may be reached by local healers, and local healers may also be used to provide better services to people who are being served inadequately. Local healers are patient-oriented; they are against making the patient dependent and they value patient satisfaction more than do western-style physicians who identify with the professional model.

Traditional healers have made contribution in dealing with major health problems which have not been dealt with by other institutions in that society. At the same time traditional healers have provided opportunities for patients to be themselves again, after they have given up hope.

Although I believe the local healers are playing an important role in human service technology of Jordan's West Bank, I did not begin this study with either a positive or negative bias toward them. While I do not think that local healers have a cure for all the health problems of the West Bank, nor that they will be the leaders of a revolution in health and social change, I do see them as playing an important role in improving the quality of human services. They provide a challenge to the western-style physicians; their practices could complement or supplement western-style practices or even in some cases provide an alternative. It is possible that they could expand and enrich professional and human service practice. I also do not believe that they are displacing the professional where the professional expertise is appropriate. At the present time, I have observed that the poor, the aged, the minorities, the refugees, and the rural poeple who do not receive sufficient medical services go to local healers, while the rich go to the western-style physicians. My concern in this study is

enhancing the quality of life, human potential, and consumer rights of all West Bankers. Both western-style and traditional healers may have something to contribute.

The characteristics of western-style physicians on the West Bank are dominated by the professional model. The structure of the professional relationship between the physicians and patients is governed by the following considerations:

1. The professional code of ethics is established by the profession, not by professionals and clientele working together.
2. Entry into the profession is controlled solely by the profession.
3. The scientific-theoretical basis for professional activity comes from outside the West Bank cultural tradition.
4. Evaluation of treatment success, standard setting for professional practice, and remuneration are controlled solely by the profession.
5. Medical professionals are more oriented toward satisfying their professional peers than their clients.

The question remains concerning the type of relationship that will exist between the doctors (western-style

physicians) and the local healers; will the doctors try to dominate and socialize the local healers to their professional harm, will the local healers remain independent, or will the two become inter-dependent, working cooperatively to serve the needs of the people of the West Bank?

Another question is whether the local healers can provide more, better quality and more efficient health care delivery systems, especially for those of the lower class of the socioeconomic system, for whom services are presently inadequate and who endure society-imposed powerlessness in every day life. Local healers seem to respond positively to these issues.

Recommendations

The Health Ministry of the West Bank has been criticized by the public and physicians for its failure to facilitate social change and medical progress. The following steps were recommended by some of the inhabitants of the West Bank whom I interviewed, and I concur with them:

1. An effort should be made to stop the migration of Arab medical and health personnel, and free the restrictive conditions imposed on the inhabitants by the government in regards to the practice of the medical and health profession.
2. To improve health care delivery, control of

medical and health professions needs to be returned to the regular administrative structure of the West Bank. Direct control by the military headquarters in the West Bank, and military orders and any other similar orders which affect health service delivery, have not met local needs effectively.

3. The Health Ministry should call upon the World Health Organization to exert all efforts in order to improve the health conditions of the Palestinians on the occupied West Bank. It should solicit voluntary contributions from governments, governmental and nongovernmental organizations and individuals for this purpose, and seek assistance from Arab organizations working in this field in the West Bank without any intervention by the occupying authorities.

The following recommendations are the result of the study:

1. It is recommended that additional ethnographic and ethnologic studies be carried out on traditional and western style healers in other geographic and cultural contexts. Such studies, besides facilitating improvements in the system

of health care delivery, could also help clarify further the dynamic relationship between technological, social, economic, psychological and cultural variables.

2. Because traditional healers provide most of the medical services for people of the West Bank; and because these healers enjoy a relatively good relationship with their more formally trained, western style counterparts, it is recommended that the local government find some way to train traditional healers in the diagnosis and treatment of common and emergency medical problems according to western standards. The technology is available, and for developing countries it is much more feasible than the idea of training or importing more formally trained physicians.

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(1)_____
(2)_____
(3)_____
(4)_____

APPENDIX A

DOCTORS INTERVIEW FORM

No._____

NAME _____

ADDRESS _____

CLASSIFICATION (Western Vs. Local Healer)_____

SPECIALTY _____

TRAINING _____

UNIVERSITY _____ YEAR _____

POST GRADUATE _____ YEAR _____

_____

OTHER (Teacher, etc.)_____ YEAR _____

_____

_____

_____

CERTIFICATE _____

LICENSES _____

RELIGION _____ C _____ J _____ M _____ O _____

AGE _____

SEX ____ MALE ____ FEMALE

MODE OF DRESS _____

_____

_____

APPENDIX A - Continued

COST PER VISIT_____

HOME VISIT_____

TYPE OF PRACTICE_____

FORM OF TREATMENT_____

_____

DRUGS PRESRIBED_____

_____

REFERRALS_____

_____

ASSOCIATED WITH HOSPITAL _____YES _____NO

PHILOSOPHY OF MEDICAL PRACTICE_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

OTHER_____

_____

_____

APPENDIX B

Period Covered by Sample

From _____ To _____

Number of Patients in Sample _____

	MAJOR REASON FOR VISIT	M	F	COST TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

APPENDIX B - Continued

PRACTICE STATISTICS

AGE	FEMALE	MALE
0-15		
15-24		
25-44		
45-64		
65- over		
Total		

Religion M J C

APPENDIX C

מפקדת איזור יהודה והשומרון

לשכת קצין הרפואה הראשי

Military Headquarters Judaea & Samaria
OFFICE OF THE CHIEF
MEDICAL OFFICER

قيادة منطقة الضفة الغربية
دائرة ضابط الشؤون الصحية
مكتب رئيس الاطباء

25.6. 1973 תאריך

2750

To Whom It May Concern.

Dr.Samir Khalil, has been given a permit to perform his research on the West Bank. He is interested in comparing the Western Style Physicians with local healers.

The permit was given by the Military Government of Judea & Samaria and the Chief Medical Officer.

Any help to be given to Dr.Khalil will be highly appreciated.

Dr.J.Kafka.
A.Ch.Med.Officer.
Health Services.
Judea & Samaria.

JK/AS

APPENDIX D

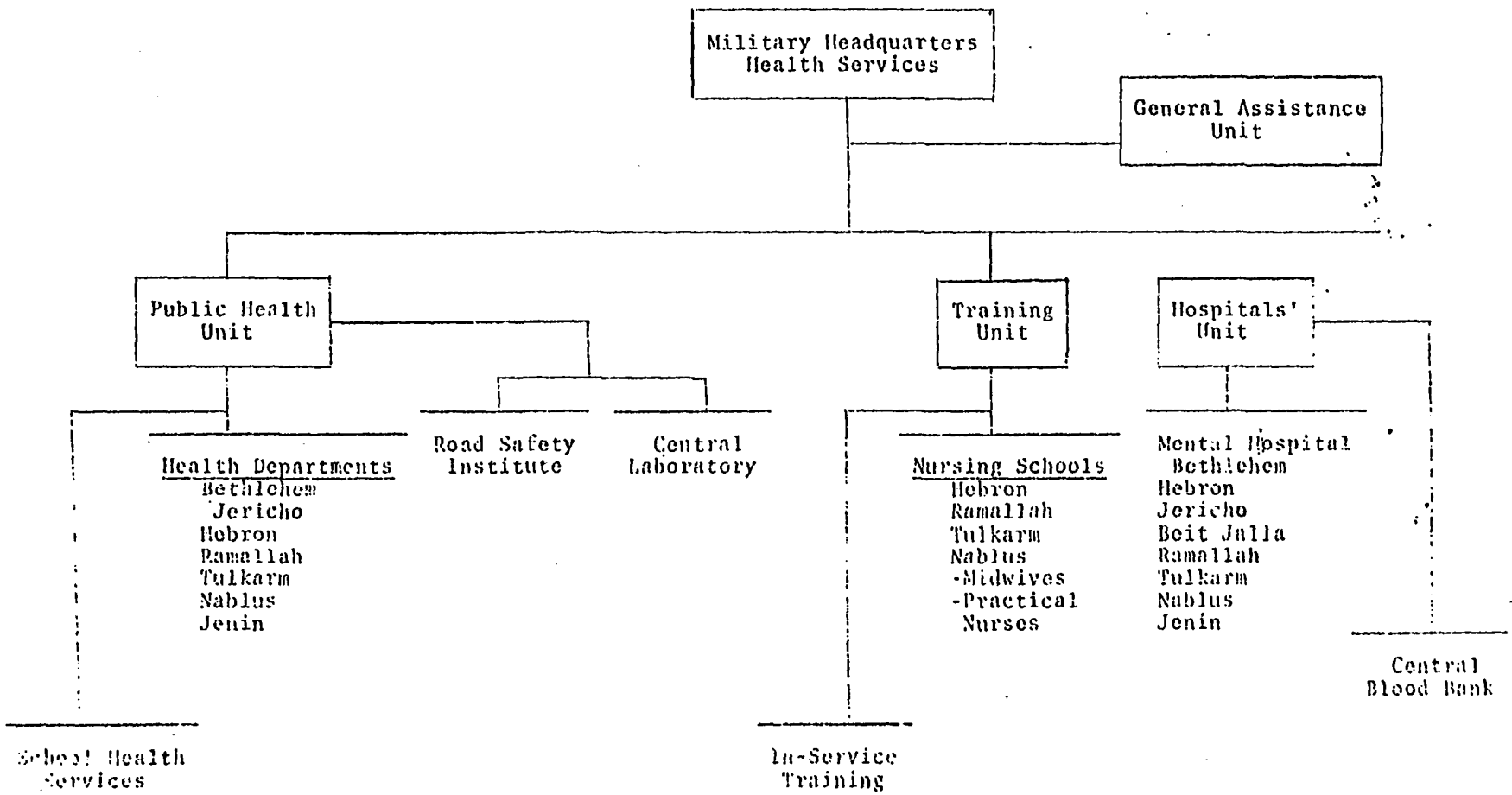
TABLES 1 - 11

Source: Data gathered from hospitals, private clinics, and the Ministry of Health, 1978.

APPENDIX D

TABLE 1

ADMINISTRATIVE STRUCTURE - HEALTH SERVICES OF WEST BANK



APPENDIX D

TABLE 2

INFECTIOUS DISEASES, 1977

DISEASE	NO. OF CASES
Typhoid	40
Paratyphoid	--
Measles	95
Chicken-pox	232
Mumps	340
Dysentery	53
Whooping-cough	20
Diphtheria	3
Poliomyelitis	29
Puerperal Fever	10
C.S. Meningitis	33
Relapsing Fever	1
Scarlet Fever	6
Erysipelas	--
Anthrax	--
Typhus	--
Malaria	4*
Jaundice	113
Tetanus	29
Gonorrhoea	--
Kala-azar	--
Lues	--
Rheumatic Fever	4
Rabies	--
Malta Fever	1
German Measles	4
T.B.	129
Leishmaniasis (skin)	5
Mononucleosis	1
Total	1,152

*All imported

Data gathered from hospitals, private clinics, and the Ministry of Health.

APPENDIX D

TABLE 3

FIRST VISITS TO GOVERNMENT CLINICS (DOCTORS)

BY DIAGNOSES, 1977

(JERUSALEM EXCLUDED)

I.	Infectious diseases	23,699
	1. Infectious diseases	10,971
	2. Angina	11,164
	3. Rheumatic fever	1,564
II.	Diseases of the Respiratory System	96,280
	1. Upper respiratory system diseases	66,592
	2. Pulmonary diseases	20,537
	3. Other diseases of the respiratory system	9,151
III.	Diseases of the Cardiovascular System	11,107
	1. Congenital heart diseases	615
	2. Acute heart diseases	1,381
	3. Chronic heart diseases	3,367
	4. Other cardiovascular diseases	5,744
IV.	Diseases of the Digestive System	73,220
	1. Diseases of mouth and teeth	7,580
	2. Acute gastritis, enteritis	30,034
	3. Chronic gastritis, enteritis	16,868
	4. Acute abdomen	3,202
	5. Worms	6,925
	6. Other diseases of the digestive system	8,611
V.	General and Constitutional Diseases	40,371
	1. Leucaemia	219
	2. Anaemia	15,923
	3. Other diseases of the blood	3,781
	4. Diseases of the lymphatic system	1,184
	5. Avitaminosis	3,239
	6. Other deficiency diseases	3,658
	7. Allergic diseases	8,370
	8. Other general and constitutional diseases	3,997
VI.	Diseases of the Endocrine Glands	4,965
	1. Diseases of the endocrine glands	4,965

TABLE 3 (CONTINUED)

VII.	Tumors	560
	1. Tumor malignant	206
	2. Tumor benign	354
VIII.	Diseases of the Urogenital System	18,730
	1. Nephritis and nephrosis	2,008
	2. Pyelocystitis	2,835
	3. Genital system diseases	6,627
	4. Other diseases of the urogenital system	7,260
IX.	Diseases of the Musculosketal System	39,584
	1. Osteomyelitis	396
	2. Congenital dislocation of the hip	2,021
	3. Other diseases of the musculoskeletal system	37,167
X.	Diseases of the Nervous System	4,639
	1. Epilepsy	565
	2. Other mental and nervous diseases	4,074
XI.	Diseases of the Eye	8,496
	1. Trachoma	833
	2. Other diseases of the eye	7,663
XII.	Diseases of the Ear	10,528
	1. Diseases of the ear	7,092
	2. Impairment of hearing	3,436
XIII.	Diseases of the Skin	33,658
	1. Trychophytia favus	1,990
	2. Other idseases of the skin	31,668
XIV.	Diseases Due to External Causes	11,183
	1. Poisoning	458
	2. Bites	467
	3. Accidents, fractures, etc.	3,311
	4. Other diseases due to external causes	6,947
XV.	Without Diagnoses	3,511
	TOTAL	380,531

Data obtained from the records of hospitals, private clinics, and the Ministry of Health, 1978.

APPENDIX D

TABLE 4

1977

SELECTED INDICES OF HEALTH SERVICES (WEST BANK)

Population	671,700
Number of Govt. Hospitals (General)	7
Number of Govt. Hospital Beds (General)	622
Non-Government Hospitals (General)	7*
Number of Non-Govt. Hospital Beds (General)	310
Total No. of General Hospital Beds	932
General Beds/1,000 population	1.39
Medical Personnel/General Hospital Bed (Govt.)	0.46
Other Personnel/General Hospital Bed (Govt.)	0.25
Occupancy Rate, Government Hospitals (General)	65.2%
	65.2%
Occupancy Rate, Non-Govt. Hospitals (General)	64.6%
Hospitalization/1,000 population	67.3
Bethlehem Mental Hospital (Govt.):	
No. of Beds	370
Occupancy Rate	98.6%
Mount David Orthopaedic Hospital (Non-Govt.):	
No. of Beds	91
Occupancy Rate	94.8%
No. of Operations in Govt. Hospitals	7,323
No. of Operations in Non-Govt. Hospitals	3,670
Total No. of Operations in Hospitals	10,993
Operations/1,000 population	16.4
No. of Hospital Deliveries	9,193
% of Hospital Deliveries	30.0%
Live Births/1,000 population	45.5
Infants' Mortality/1,000 Live Births	30.7
No. of Visits to Govt. Clinics	964,050
No. of Visits to Non-Govt. Clinics	77,767
No. of Visits to Govt. M&CH. Centres	62,468
Immunization in Children:	
Smallpox	16,399
Polio (Sabin 1)	29,430
Triple (DPT 1)	20,159
Measles	13,999

*Mount David Orthopaedic Hospital is not considered in this report as a general hospital and is registered separately.

APPENDIX D

TABLE 5

LIVE BIRTHS, STILLBIRTHS, DEATHS AND INFANTS' DEATHS, BY SEX, RELIGION AND TYPE OF SETTLEMENT, 1977

		Christians			Moslems			Total		
		Total	Female	Male	Total	Female	Male	Total	Female	Male
Live births	Town	324	152	172	14,144	6,870	7,274	14,468	7,022	7,446
	Village	197	92	105	16,003	7,751	8,252	16,200	7,843	8,357
	Total	521	244	277	30,147	14,621	15,526	30,668	14,865	15,803
Stillbirths	Town	2	1	1	281	116	165	283	117	166
	Village	-	-	-	6	4	2	6	4	2
	Total	2	1	1	287	120	167	289	121	168
Deaths	Town	128	73	55	1,549	702	847	1,677	775	902
	Village	76	38	38	1,775	904	871	1,851	942	909
	Total	204	111	93	3,324	1,606	1,718	3,528	1,717	1,811
Infants' deaths till one month	Town	3	-	3	168	69	99	171	69	102
	Village	-	-	-	65	40	25	65	40	25
	Total	-	-	3	233	109	124	236	109	127
Infants' deaths from one month to one year	Town	5	4	1	374	194	180	379	198	181
	Village	4	1	3	324	213	111	328	214	114
	Total	9	5	4	698	407	291	707	412	295

APPENDIX D

TABLE 6

DISTRIBUTION OF PATIENTS, ACCORDING TO TREATMENT (FOR HOSPITALIZATION), BY HOSPITALS, 1977

Treatment without hospitalization	Average duration of stay	Bed occupancy %	Days of hospitalization	Potential patient days	Births	Operations	Comm. Diseases	Of those discharged died %	Of those discharged died Number	No. of patients discharged	No. of patients admitted	No. of beds	GOVERNMENT
9,664	5.1	69.0	28,726	41,610	1,410	1,000	42	2.4	135	5,604	5,611	114	Ramallah
1,258	6.0	52.8	12,345	23,360	24	660	-	2.9	60	2,068	2,073	64	Beit Jalla
-	11.2	80.1	14,906	18,615	112	497	-	1.4	18	1,333	1,332	51	Jericho
5,234	3.6	57.8	21,107	36,500	390	1,079	37	2.4	141	5,790	5,784	100	Hebron
42,133	3.9	72.5	40,480	55,845	2,433	2,505	1,576	2.9	296	10,269	10,278	153	Nablus
6,598	4.6	66.0	16,869	25,550	699	680	6	2.0	72	3,676	3,677	70	Jenin
4,128	3.1	52.8	13,491	25,550	982	902	-	1.3	55	4,290	4,287	70	Tulkarm
69,015	4.5	65.2	147,924	227,030	6,050	7,323	1,661	2.4	777	33,030	33,042	622	Total General Government Hospitals
													Mental Hospital
4,962	(-)	98.6	133,165	135,050	-	-	-	1.0	8	802	788	370	Bethlehem
													NON-GOVERNMENT
1,218	6.4	85.1	20,808	24,455	1,489	820	2	1.8	57	3,239	3,231	67	French, Bethlehem
383	3.0	13.7	852	6,205	285	-	-	-	-	285	285	17	Maternity, Beit Jalla
96	18.8	76.9	15,152	19,710	-	-	-	13.3	107	805	811	54	Caritas, Bethlehem
283	3.1	58.2	10,624	18,250	951	407	-	1.3	46	3,429	3,422	50	"Al-Ittihad" Nablus
1,282	5.4	57.8	13,720	23,725	134	884	1	0.9	23	2,536	2,546	65	Ev. Mission, Nablus
4,857	5.7	78.5	10,316	13,140	279	449	-	0.4	8	1,818	1,842	36	UNRWA, Qalqilia
241	4.7	6.4	366	5,733	5	17	-	-	-	78	78	21	Ashiffa, Jenin
8,360	5.9	64.6	71,838	111,218	3,143	2,577	3	2.0	241	12,190	12,215	310	Total General Non-Government Hospitals

APPENDIX D

TABLE 6 (CONTINUED)

Treatment without hospitalization	Average duration of stay	Bed occupancy %	Days of hospitalization	Potential patient days	Births	Operations	Comm. Diseases	Of those discharged died %	Of those discharged died Number	No. of patients discharged	No. of patients admitted	No. of beds	GOVERNMENT
7,270	51.3	94.8	28,952	30,543	-	1,093	-	-	-	564	646	91[1]	Mount David (Orthopaedic) Bethlehem
77,375	4.9	65.0	219,762	338,248	9,193	9,900	1,664	2.3	1,018	45,220	45,257	932	Total General Hospital

[1]Standard number of beds from 1.1.74 up to 30.11.74 was 83.

As of 1.12.74, standard number of beds is 91.

Data obtained from hospital records, 1978.

APPENDIX D

TABLE 7

DISTRIBUTION OF PATIENTS REFERRED TO ISRAEL (FOR HOSPITALIZATION), BY HOSPITALS, 1977

HOSPITAL	NO. OF PATIENTS
Tel ha-Shomer	140
Hadassah, Jerusalem	454
French Hospital (St. Louis), Jerusalem	84
Shmuel ha-Rofeh, Beer-Jaakov	59
Central Hospital, Afulah	15
Rambam, Haifa	31
Shaa'rei Zedek, Jerusalem	16
Others	28
Total	827

APPENDIX D

TABLE 8

DISTRIBUTION OF MANPOWER, ACCORDING TO INSTITUTIONS AND PROFESSIONS, 1977

	Grand Total	Total Non-Med. Personnel	Drivers	Services	Admin. & Finance	Total Medical Personnel	Para-Medical Profess.	Nurses	Doctors
HOSPITALS' UNIT	8	6	-	1	5	2	-	1	1
Hospitals									
Ramallah	98	31	2	24	5	67	11	43	13
Beit Jalla	48	18	1	14	3	30	5	21	4
Mental Hospital, Bethlehem	107	45	1	37	7	62	6	50	6
Jericho	42	14	1	10	3	28	7	16	5
Hebron	64	26	2	20	4	38	6	25	7
Nablus	107	38	2	29	7	69	13	43	13
Tulkarm	42	13	1	9	3	29	6	18	5
Jenin	42	16	1	11	4	26	5	16	5
Total	550	201	11	154	36	349	59	232	58
PUBLIC HEALTH UNIT	7	5	-	-	5	2	-	1	1
Health Departments									
Ramallah	50	9	2	3	4	41	10	25	6
Bethlehem/Jericho	47	10	2	4	4	37	14	19	4
Hebron	68	15	2	5	8	53	8	37	8
Nablus	92	20	3	6	11	72	20	40	12
Jenin	52	9	2	3	4	43	8	28	7
Tulkarm	70	16	4	5	7	54	11	34	9
School Health Services	19	1	-	-	1	18	-	12	6
Institutes (Laboratory, etc.)	33	7	-	3	4	26	16	7	3
TRAINING UNIT	32	20	1	16	3	12	-	12	-
GENERAL ASSISTANCE UNIT	9	6	2	1	3	3	3	-	-
TOTAL	479	118	18	46	54	361	90	215	56
GRAND TOTAL	1,037	325	29	201	95	712	149	448	115
HEADQUARTERS UNIT (ISRAELIS)	14.5	10.5	-	1	9.5	4	2	-	2

APPENDIX D

TABLE 9

DRUGS SUPPLIED BY ISRAELI GOVERNMENT

TO WEST BANK PHARMACISTS

DURING THE YEAR 1977

DRUGS		QUANTITY
Analgesics, Antipyretics, Anti-Rheumatics like Amidopyrin, Optalgin, Aspirin, A.P.C., Steroids, Shigrodin in tablet, suppository and injection forms	Tablets Suppositories Injections	3,500,000 50,000 1,200,000
Antibiotics like Tetracyclines, Terramycin, Penicillin, Streptomycin, Synthomycin, Erythrocin, Penicillin-Strepto, Penbritin, Orbenin, Rafapen V.K. in syrup, tablet, injection and ointment forms	Tablets Kg. syrup Injections Ointment	1,800,000 6,000 100,000 60,000
Antihistaminics	Tablets Injections Kg. powder	100,000 15,000 10
Nervous System drugs (including Psychotherapeutics)	Tablets	1,000,000
Cardio-vascular preparations	Tablets	150,000
Dermatological preparations	Tubes Kg. lotion	5,500 400
Diuretics and Urological drugs	Tablets	18,000
Ear, Nose and Throat preparations	Bottles	15,000
Gastrointestinal preparations	Kg. syrup Tablets	12,000 60,000
Gynecological preparations	Injections Tablets	8,000 9,500

TABLE 9 (CONTINUED)

Anaesthetic preparations and Sterile solutions	Kg.	3,000
Spasmolytic preparations	Tablets	150,000
	Injections	14,000
	Suppositories	12,000
Respiratory system preparations like Expect. Anti-asthmatics	Kg. syrup	12,000
	Tablets	10,000
	Injections	30,000
Dangerous and Toxic drugs like Pethidine, Morphine, Opium and Codeine	Injections	14,000
	Tablets	4,000
Tonics and Vitamins in tablet, syrup and injection forms	Tablets	600,000
	Kg. syrup	8,000
	Injections	18,000
Preparations for T.B. treatment	Tablets	150,000

APPENDIX D

TABLE 10

DISTRIBUTION OF PATIENTS REFERRED TO ISRAELI HOSPITALS

(FOR HOSPITALIZATION), BY AGE GROUPS AND DISEASES, 1977

	DISEASES																													
Age	21	20	19	18C	18B	18A	17	16	15	14	13B	13A	12	11	10	9	8	7	6	5	4C	4B	4A	3	2	1G	1F	1E	1D	1C	1B	1A	Total
0-1		1		10		2	2	1			3	13	5	10	1		7		1	2			2									1	61
2-4	3	4		9	1	9	7					2	5	6			7		2	4					2	3	1		2				67
5-9	2	1	1	2		1	10				1	5		11	1	2	9		6	3				8	7	1			2				73
10-14	1	2	1		2	7	8	1	1	3	1	2	3	10	2	1	3			1			1	1	9	2			2	1		1	66
15-19		3	3		1	8	5	1	1		1	2	3	13	5	3	2		5	2				1	2	5						1	67
20-29	3	1	2		2	2	4	3	7	4	1	1	7	12	1	8	4		3	1	5		1	1	5	3	1		1	2	1	4	90
30-39	5		10			5	9	3	3	1		1	7	11	3	7	8		2	1	4			2	2	6			1	5	1		97
40-49	3	1	12			2	3	1		4	5	1	11	3	1		6		3	3	6			1	2	4	3	2		2	5	4	88
50-59		1	9			1	2	1		6	4	3	7	5	2	2	5		2		5	1			4	4	3	1	1	3	8	5	85
60-69	3	3	11	1		1	3				2		2	6		1	8		1	1	2				2	6	3	2		2	3	1	64
70+	2	2	8			1	2			1	1		9	1	1	2	1		1		2					4	4	1		1	5		49
unknown	3		1			4	2		1	2		1					2					1			2				1				20
Total	25	19	58	22	6	43	57	11	13	21	19	31	59	88	17	26	62	-	26	18	24	2	4	14	37	38	15	6	10	16	23	17	827

TABLE 10 (CONTINUED)

CODE USED FOR DIAGNOSES OF HOSPITALIZATIONS IN ISRAEL

1A	Malignant tumors of digestive tract
1B	Malignant tumors of respiratory tract
1C	Malignant tumors of gynecological tract and breast
1D	Malignant tumors of nervous system
1E	Malignant tumors of urinary tract
1F	Malignant tumors of skin
1G	Malignant tumors of other systems
2	Leucaemia and Hodgkins disease
3	Benign tumors
4A	Infectious diseases
4B	Parasitic diseases
4C	Tuberculosis and syphilis
5	Endocrine and metabolic disorders
6	Diseases of the blood system
7	Mental disorders
8	Nervous system disorders
9	Eye diseases and visual defects
10	Ear and hearing disorders
11	Circulatory diseases
12	Respiratory tract diseases
13A	Digestive tract diseases
13B	Liver and bile-way diseases
14	Urinary tract diseases
15	Gynecological and obstetrical disorders
16	Skin diseases
17	Diseases of bones and muscles
18A	Injuries
18B	Poisonings
18C	Inhaled foreign bodies
19	For radiological treatment
20	Other diseases
21	Without diagnosis (DD)

APPENDIX D

TABLE 11

DISTRIBUTION OF PATIENTS REFERRED TO ISRAEL

(FOR HOSPITALIZATION), BY MONTH AND DISTRICT, 1977

DISTRICT	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Ramallah	7	16	14	11	12	15	10	20	12	12	14	14	157
Bethlehem/Jericho	7	7	9	8	5	6	17	10	16	14	5	9	113
Nablus	9	20	12	18	14	19	27	11	13	29	11	16	199
Jenin	2	3	12	5	7	11	12	21	10	11	12	11	117
Tulkarm	3	8	2	8	9	8	8	6	4	18	7	6	87
Hebron	12	10	11	12	12	9	17	10	10	13	16	18	150
Arab Countries	-	1	2	-	-	1	-	-	-	-	-	-	4
Total	40	65	62	62	59	69	91	78	65	97	65	74	827